

Motor Accident Claim Form

All questions must be answered fully.

The information that is sought herein is not intended to be an exhaustive list and Vanguard Marine & Leisure accordingly reserves its right to request any further information it deems appropriate while investigating the claim

IMPORTANT: Before repairs are put in hand it is necessary to obtain the Company's approval

	Policy no. Claim No.				
Insured	Name and Occupation				
	Address and Day Tel No.				
	Identity Number				
Vehicle	If the vehicle is subject to Hire Purchase, Credit	Make	Registration	Model and Year	Kilometres completed
	or Leasing agreement				
	State name, address and account number of Finance Company				
	Chassis/VIN No.				
	In whose name is the vehicle registered?				
Damage	Damaged area to own vehicle			Indicate old damage on vehicle	
	Estimate for repairs or attach quotation				
	Repairer's name, address and telephone number				
	Where can your damaged vehicle be inspected?				
	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers Licence (copy of licence required)	Month and year of expiry		Date of issue and code issued	
	State in full the purpose for which the vehicle was being used				
Driver	Was he/she in your employ?				
	Has he/she motor insurance on own car? If yes, state Policy No. and Company				
	Details of any convictions for motoring offences				
	Has licence ever been endorsed?				
	Has he/she any physical defects?				
	Details of any previous accidents				
Passengers (Insured Vehicle)		Name	Residential address	Injury	
	Passengers in insured vehicle				
	For what purposes where they carried?				
ш	Are they employees?				



Other Party	Personal Injuries (other than in insured vehicles)	Name of injured	Relationship to accident e.g. driver, passenger, etc	Details of injuries	Name of Hospital if Applicable		
	Other vehicle(s)	Registration	Make	Name of owner & driver	ID No.		
		a)					
		b)					
		c)					
		Details of damage	Old damage	Address of owner & driver	Colour of vehicle		
		a)	ora damage	7.00.000 0. 0	0.00.00.00.000		
		b)					
_		c)					
	Property other than vehicles	Name and address of owner		Details of damage			
		_					
Independent Witnesses	Name, address and Telephone Number						
	Name, address and Telephone Number						
	Date, time and Place						
	Speed	Before accident	kph	Moment of impact	kph		
	(a) Weather conditions (b) Visibility	(a)		(b)	·		
	(a) Road surface (b) Width of road	(a)		(b)			
	(a) Which vehicles lights were on? (b) Street lighting	(a)		(b)			
	Was any warning given by you e.g. Hooting , indicators, etc?	, ,					
	Police details	Name of Police/Traffic Officer who recorded details of accident		Police station, case number and date reported			
¥							
Accident	Was driver tested for alcohol or drugs?						
ă	Description of accident						
	p						



	SKETCH OF ACCIDENT	(if necessary use separate page)					
ı	Please show clearly the point of ir accident	mpact and indicate the direction of travel b	y arrows. Give deta	ails of any road sa	afety signs or warning signs in th	ne vicinity of scene of	
Insurers	Insurers share information with each other regarding domestic policies and claims with a view to preventing fraudulent claims and to obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.						
		ty, payment of any amount due to you dire					
po	account and account number		ony into a bank acc	ount. Thease spe	land the name of the bank, brain	on, name of the	
Payment method	Name of bank			Branch			
ment							
Payı	Name of Acc.			Acc. No.			
ted	I have inspected the driver's licen	nce and it is free of endorsement/endorsed	as shown				
Licence Inspected							
nce I							
Lice		Oire ature of income d			Oznasił.	Dete	
	NA/a haraha dadara dha ƙasaraira	Signature of insured			Capacity	Date	
	we hereby declare the foregoing	particulars to be true in every respect					
_							
Declaration							
Decla		Signature of Driver			Capacity	Date	
ND		Signature of Insured	l'-4-ll-		Capacity	Date	
NB. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand							

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