

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 or Leasing agreement		Make	Registration	Model and Year	Kilometres completed
	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?					
Driver	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					
	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)	Passengers in insured vehicle		Name	Residential address	Injury	
	For what purposes were they carried?					
Are they employees?						

SKETCH OF ACCIDENT (if necessary use separate page)

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident

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.

Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of the account and account number		
	Name of bank	<input type="text"/>	Branch <input type="text"/>
Licence Inspected	I have inspected the driver's licence and it is free of endorsement/endorsed as shown		
	<p style="text-align: center;">Signature of insured Capacity Date</p>		
Declaration	We hereby declare the foregoing particulars to be true in every respect		
	<p style="text-align: center;">Signature of Driver Capacity Date</p>		
	<p style="text-align: center;">Signature of Insured Capacity Date</p>		
NB. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand			