

CLAIM FORM MOTOR ACCIDENT

Please complete this form in BLOCK CAPITALS and send it to your broker or to AutoTrade Underwriting Managers. The information that is sought herein is not intended to be an exhaustive list and AutoTrade accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

Policy number		Claim number				
INSURED	Name					
	Occupation					
	Physical address					
	Telephone number (day)					
	Identity number					
	VAT number					
VEHICLE DETAILS	Vehicle details	Make	Registration	Model	Year	Kilometers completed
	State if subject to hire purchase, credit or leasing agreement					
	If yes, name, address and account number of finance company					
	Chassis/VIN number					
	In whose name is the vehicle registered?					
DAMAGE	Damage to own vehicle					
	Indicate old damage on vehicle					
	Where is the vehicle at present? (state full address)					
DRIVER	Full name					
	Residential address					
	Occupation					
	Identity number					
	Driver's licence	Month and year of expiry	Date of issue and code issued			
	State fully the purpose for which vehicle was being used					

Please attach an enlarged clear copy of driver's licence



DRIVER	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Has he/she any motor insurance on own car? If yes, state policy number and company					
	Details of any convictions for motoring offences					
	Has licence ever been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					
PASSENGERS (Insured Vehicle)	Passengers in insured vehicle	Name	Residential address	Injury		
	For what purposes were they carried?					
	Are they employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
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 vehicles	Registration	Make	Name of	ID number owner and driver	Contact details
		a)				
		b)				
		c)				
		Details of damage	Old damage	Address of owner and driver	Colour of vehicle	
		a)				
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				
ACCIDENT	Date, time and place				
	Speed	Before accident	kph	Moment of impact	kph
	a) Weather conditions	a)		b)	
	b) Visibility				
	a) Road surface	a)		b)	
	b) Width of road				
	a) Which vehicle lights were on?	a)		b)	
	b) Street lighting				
	Was any warning given by you, e.g. hooting, indicators, etc?				
	Name of Police/Traffic officer who recorded details of accident				
	Police station, case number and date reported				
	Police details				
	Was driver tested for alcohol or drugs?				
DESCRIPTION OF ACCIDENT					



SKETCH OF ACCIDENT

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.

SKETCH OF ACCIDENT

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and 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 account and account number.	
	Name of bank	Branch
	Name of account	Account number
LICENCE INSPECTED	I have inspected the driver's licence and it is free of endorsements/endorsed as shown.	
	Signature of insured	Capacity Date
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.	
	Signature of driver	Capacity Date
	Signature of insured	Capacity Date

N.B. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand.