



**Protocol
Risk Managers**

Motor Accident Claim Form

Insured					
Name					
Physical Address					
Contact number/s					
I.D. No / CK No.		Email Address			
Vehicle					
Registered Owner					
Make & Model		Year			
Registration Number		Purchase Price		Purchase Date	
Anti-Theft Devices (if applicable)					
#1 Make		#1 Fitted By		#1 Date	
#2 Make		#2 Fitted By		#2 Date	
Details of Window Markings (if applicable)					
Number		Applied by Whom			
Financing Details (if applicable)					
Finance Company	Branch	Type of Agreement	Account Number	Amount	
Damage to Own Vehicle					
Damage description					
Estimates for repairs (attach quotations)					
Photographs of Vehicle Attached (tick)					
Impact Area	VIN Number	License Disk	Odometer	Location	
Repairers Details					
Name		Address			
Contact Number		Address where vehicle can be inspected			
Drivers Details					
Full Name		ID Number			
Address					
Occupation		Contact Number			
Driver's License Details					
Code		Place of Issue		Date	
State the purpose for which the vehicle was being used					



Was the driver driving with your consent?				Is driver in your employ?			
Yes		No		Yes		No	
Is driver owner of another vehicle?				If yes, provide name of Insurer & Policy No			
Yes		No		Insurer		Policy No	
Details of previous accidents							
Details of any convictions for motoring offences							
Other Party Details							
Other Vehicle Details							
Make & Model			Registration Number				
Driver Name			Driver ID				
Owner Name			Owner Address				
Damage Description			Damage Estimate				
Contact Number			Contact Email				
Witnesses							
Name			Contact Number			Address	
Name			Contact Number			Address	
Name			Contact Number			Address	
Passengers (Inside Insured Vehicle)							
Name			Contact Number			Address	
Name			Contact Number			Address	
Name			Contact Number			Address	
Passengers (Other Vehicles)							
Name			Contact Number			Address	
Name			Contact Number			Address	
Name			Contact Number			Address	
Property (Other than vehicles)							
Name & Address of Owner				Details of Damage			
Accident Details							
Date		Time		Place			
Speed (before impact)				Speed (time of impact)			
Weather conditions				Visibility			
Road surface				Width of road			
Where vehicle lights on?				Street lighting			
Was any warning given? Eg. Hooting							



Police Details					
Name of Officer		Police Station		Police Reference No	
Was the driver tested for alcohol or drugs?					
Description of accident					
Sketch of accident (or attach a separate page if necessary)		Please indicate clearly point of impact and indicate direction of travel by arrows. Give details of any road signs or warning signs in the vicinity of scene of accident.			
License Inspection					
I have inspected the Driver's Licence and it is free of Endorsements/ Endorsed as shown.					
Please attach copy of Driver's Licence		Signature	Date	Capacity	
Declaration					
<ul style="list-style-type: none"> I/we hereby declare the foregoing particulars to be true in every respect and hereby authorise the insurance company to obtain the police accident report on my behalf. I /we declare that we will comply with the policy terms and conditions as per the policy contract and policy schedule. I/we declare that we will not accept or make any settlement offer to any third party in respect of this claim without the written consent of the insurance company. 					
Signature of Driver			Date		
Signature of Insured		Date		Capacity	