



CLAIM FORM - MOTOR

IMPORTANT NOTICE

1. No liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or liability for the accident.
3. Do not answer communications about this Accident. Direct these to the insurance Company for Action
4. All questions on this form must be answered.
5. Repairs must not be authorised without prior authority of the insurance company MOTOR ACCIDENT

SECTION A: PERSONAL / CORPORATE DETAILS

Insured/Client Name _____ Tel No.: _____
Address _____
Business / Occupation _____
Email _____ Fax No.: _____
Policy Number _____ Expiry date _____
Name of hire purchase or finance company _____

SECTION B: TECHNICAL DETAILS

VEHICLE Make & Model _____ HP / CC _____
 Reg. No. of vehicle _____ Carrying Capacity _____
 Reg. No. of trailer _____ Carrying Capacity _____
 Name and Address of Owner _____

SECTION C: ACCIDENT DETAILS

DAMAGE TO State briefly apparent damage _____
INSURED
VEHICLE (In all cases where your vehicle is damaged and you are entitled to claim under your policy, please
 send at once to the company an estimate for repairs).

 Repairer's name and address _____
 Tel. No. _____: Is the vehicle still in use _____
 When and where can it be inspected? _____

OTHER Name and address of driver _____
VEHICLES Reg. No. _____
INVOLVED Name of Insurer _____

AND Other property damaged _____
DAMAGED

PERSONS Name and address _____
INJURED Relationship to the Insured _____
 If Driver or Passenger Reg. No. of vehicle _____
 Apparent injuries _____

SECTION C: ACCIDENT DETAILS (continued)

INDEPENDENT Name _____

WITNESSES Address _____

PASSENGERS Name _____ Tel. No.: _____

IN YOUR ADDRESS Address _____

VEHICLE

USE State the exact purpose for which the vehicle was being used at the time of the accident _____

COMMERCIAL Description of goods being carried _____

VEHICLES Name of owner of goods _____ Was a trailer attached? _____

Weight of load on (a) Vehicle _____

(b) Trailer(s) _____

DRIVER Name _____ Occupation _____ Date of Birth _____

Address _____ Tel. No.: _____

Is he/she employed by you? How long has he been in your service? _____

Was he/she in any way to blame for the accident? _____ Did he/she admit liability? _____

Has he/she had any previous accidents? _____ If so, how many and approximate dates? _____

Does he/she any conviction for any offence in connection with any motor vehicle or any charges pending? If so, give details including dates _____

Does he/she hold a full or provisional licence to drive this vehicle? _____

If full, state date when driving test first passed _____ Number _____

Does he/she own a Motor Vehicle? _____

If so, give name and address or insurer _____

Driver's Policy No. _____

ACCIDENT Date _____ Time _____ (a.m/p.m) Place _____

Type of road surface _____ Visibility _____ Wet or Dry _____

What lights were showing on your vehicle? _____

Estimated speed before accident _____ weather conditions _____

Did the police take particulars _____ if so, give constable's number station _____

To which police station was the accident reported? _____

Attach copy notice of intended prosecution if any _____

PLAN OF ACCIDENT Draw sketch (stating approximate measurements) showing position of vehicles and persons concerned and the direction in which they were travelling. Also show type and position of traffic signs, skid marks, pedestrian crossings and any other relevant information.

SECTION C: ACCIDENT DETAILS (continued)

STATEMENT

BY DRIVER

Signature of Driver

STATEMENT

BY OWNER

OR INSURED

SECTION D: DECLARATION

i. Privacy Statement

By completing this form, you have provided AIG with your personal information. AIG is committed to protecting the integrity, confidentiality, access and use of personal information that we collect from you in the course of our business. "Personal Information" is information that identifies and relates to you or other individuals (such as your dependants). You have the right to access and correct personal data that may be incorrect or incomplete. I hereby authorize AIG to use my personal information for lawful business purposes. For more information on how we handle personal information kindly obtain a copy of our privacy policy from our office.

ii. Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for AIG to inspect or investigate any medical records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I/We hereby acknowledge the contents of the statements i-ii above

Name: _____

Signature: _____ Date: _____

(If Corporate)

Name: _____

Signature: _____ Designation _____

Company Stamp:

