

Policy Number	
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# MOTOR ACCIDENT CLAIMS FORM

SECTION 1: INSURED									
Name & surname:									
Identity number:									
Occupation:									
Address:									
Telephone:	home:		work:		cell:				
E-mail address:									

SECTION 2: VEHICLE									
Make:									
Registration:									
Model:									
Year:									

SECTION 3: DAMAGE									
Repairer: Name, address & tel:									
Damage to Own vehicle:									
Is your vehicle under warranty?	Yes		No						
Is your vehicle under motor plan?	Yes		No						
Current location of your vehicle:									

SECTION 4: DRIVER									
Name & surname:									
Identity number:									
Occupation:									
Address:									
Telephone:	home:		work:		cell:				
E-mail address:									
State purpose for which vehicle was being used:									
Was he/she driving with permission?	Yes		No						
Has license ever been endorsed?	Yes		No						
Has he/she any physical defects?	Yes		No						
Driving license:	Date of first issue:								
	Code:								

## SECTION 5: PASSENGER (INSURED VEHICLE)

Name & surname:				
Address:				
Injury:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name & surname:				
Address:				
Injury:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

## SECTION 6: OTHER PARTY: DAMAGE TO OTHER VEHICLES / PROPERTY

NB: Please notify the Insurers immediately if you become aware of any impending prosecution, inquest or demand!

Name & surname 1:	owner and driver:												
Identity number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation:													
Address:													
Telephone:	home:					work:					cell:		
Vehicle:	make:					registration:							
Details of damage:													
Insurance details:													

Name & surname 2:	owner and driver:												
Identity number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation:													
Address:													
Telephone:	home:					work:					cell:		
Vehicle:	make:					registration:							
Details of damage:													
Insurance details:													

Name & surname 3:	owner and driver:												
Identity number:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupation:													
Address:													
Telephone:	home:					work:					cell:		
Vehicle:	make:					registration:							
Details of damage:													
Insurance details:													

## SECTION 7: WITNESSES

Name & surname:	
Name & surname:	
Name & surname:	

## SECTION 8: ACCIDENT

Date:		Police station:	
Time:		Reference no:	
Place:		Police officer:	
Was driver tested for alcohol or drugs:	Yes	No	
Speed traveling:	Before accident: (km/h)	At impact: (km/h)	
Weather conditions:			
Visibility:			
Road surface:	Tar:	Gravel:	Off-road:

Description of accident:	
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Sketch of accident:	
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**I / we declare that to the best of my/our knowledge the above information is true in every aspect.**

<b>NB</b>	I acknowledge that should I elect to use a non-manufacturer approved repairer I release Alexander Forbes Insurance (AFI) from any liability which could arise as a result of any defective workmanship. I acknowledge further that I may lose my manufacturer's warranty and or maintenance plan that may exist on my vehicle.
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Signature of driver	Capacity	Date	Signature of insured	Date