# MOTOR CLAIM FORM

## INSURED INFORMATION

| Name (First, Middle Name, Surname or Company)[1] | | | Date of Birth: dd/mm/yyyy[2] |
|---|---|---|---|
| | | | |
| Address[3] | | | Contact Number[4] |
| | | | |
| Occupation / Nature of Business[5] | Email[6] | VAT Registration Number[7] | BIR Number[8] |
| | | | |

## VEHICLE INFORMATION

| Registration Number[9] | Make & Model[10] | Year of Manufacture[11] | Total Number of Passengers at time of loss[12] |
|---|---|---|---|
| | | | |
| Policy Number[13] | Expiry Date: dd/mm/yyyy[14] | Sum Insured[15] | Mortgage or Hire Purchase applicable[16] |
| | | | |

| Please state exactly what the vehicle was being used for at the time of the accident[17] | |
|---|---|
| | |
| Was the vehicle being used with the Owner's consent[18]? ☐ YES ☐ NO | |
| **COMMERCIAL VEHICLES: CARRIAGE OF GOODS** | |
| Owner of Goods[19] | Nature of Goods[20] |
| | |

## DRIVER INFORMATION

| Name (First, Middle Name, Surname) [21] | | Relationship to Owner[22] | | Contact Number[23] |
|---|---|---|---|---|
| | | | | |
| Address[24] | | Occupation / Nature of Business[25] | | Email[26] |
| | | | | |
| Date of Birth: dd/mm/yyyy[27] | Driver's Permit Number[28] | Class[29] | Date of Issue: dd/mm/yyyy[30] | Expiry Date: dd/mm/yyyy[31] |
| | | | | |
| Taxi Badge Number[32] | | Date of Issue: dd/mm/yyyy[33] | | Expiry Date: dd/mm/yyyy[34] |
| | | | | |

| Has the driver had any previous accidents[35]? | ☐ YES ☐ NO | *(If yes, provide details)* |
|---|---|---|
| | | |
| Does the driver own a vehicle[36]? | ☐ YES ☐ NO | *(If yes, state Registration No. & Insurer)* |
| | | |
| Does the driver have any physical infirmity, defective vision or hearing, or loss of a limb or eye[37]? | ☐ YES ☐ NO | *(If yes, provide details)* |
| | | |

## ACCIDENT DETAILS

| Date of Accident: dd/mm/yyyy[38] | Time[39] ☐ AM ☐ PM | Location[40] |
|---|---|---|
| | | |

| Was the road surface paved[41]? ☐ YES ☐ NO | What was the condition of the road[42]? |
|---|---|
| | |
| In your opinion, who was at fault[43]? | What was the weather condition like[44]? |
| | |

| Date Reported to Police: dd/mm/yyyy[45] | Police Station[46] | Name of Police Officer[47] | Police Officer's Badge Number[48] |
|---|---|---|---|
| | | | |

| Did the police go to the scene[49]? ☐ YES ☐ NO | Were measurements taken[50]? ☐ YES ☐ NO |
|---|---|
| Was either party warned of prosecution[51]? ☐ YES ☐ NO *(If yes, state which Party)* | |
| | |

| INSURED'S VEHICLE[52] | | VEHICLE 1[53] | | VEHICLE 2[54] | | VEHICLE 3[55] | |
|---|---|---|---|---|---|---|---|
| Direction of travel | | Direction of travel | | Direction of travel | | Direction of travel | |
| | | | | | | | |
| On which side of the road | | On which side of the road | | On which side of the road | | On which side of the road | |
| | | | | | | | |
| Speed before accident | Speed after accident | Speed before accident | Speed after accident | Speed before accident | Speed after accident | Speed before accident | Speed after accident |
| | | | | | | | |
| Status of Lights<br>☐ OFF ☐ ON<br>☐ DIM ☐ BRIGHT | | Status of Lights<br>☐ OFF ☐ ON<br>☐ DIM ☐ BRIGHT | | Status of Lights<br>☐ OFF ☐ ON<br>☐ DIM ☐ BRIGHT | | Status of Lights<br>☐ OFF ☐ ON<br>☐ DIM ☐ BRIGHT | |
| Was horn sounded? ☐YES ☐NO | | Was horn sounded? ☐YES ☐NO | | Was horn sounded? ☐YES ☐NO | | Was horn sounded? ☐YES ☐NO | |
| Was indicator on? ☐YES ☐NO | | Was indicator on? ☐YES ☐NO | | Was indicator on? ☐YES ☐NO | | Was indicator on? ☐YES ☐NO | |

## DAMAGE TO YOUR VEHICLE

| Please state damage[56] | Is the vehicle still in use[57]?<br>☐YES ☐NO |
|---|---|
| | |

| Estimate for Repairs[58] | Where can the vehicle be inspected[59]? | Name & Address of Repairer[60] |
|---|---|---|
| | | |

## PERSONAL INJURIES

| NAME 1[61] | | NAME 2[62] | |
|---|---|---|---|
| | | | |
| Address | | Address | |
| | | | |
| Contact Number | Age | Contact Number | Age |
| | | | |
| Nature of Injury | | Nature of Injury | |
| | | | |

## PERSONAL INJURIES (Cont'd)

| Was this injured person treated in a Medical Institution? ☐YES ☐NO *(if yes, complete below)* | | Was this injured person treated in a Medical Institution? ☐YES ☐NO *(if yes, complete below)* | |
|---|---|---|---|
| Where treated | Date treated: dd/mm/yyyy | Where treated | Date treated: dd/mm/yyyy |
| | | | |
| Details | | Details | |
| | | | |
| Was this injured person:<br>☐ An Occupant of your vehicle ☐ A Cyclist<br>☐ An Occupant of another vehicle ☐ A Pedestrian | | Was this injured person:<br>☐ An Occupant of your vehicle ☐ A Cyclist<br>☐ An Occupant of another vehicle ☐ A Pedestrian | |

## THIRD PARTY VEHICLE INFORMATION

| **VEHICLE 1[63]** | **VEHICLE 2[64]** | **VEHICLE 3[65]** |
|---|---|---|
| Registration Number | Registration Number | Registration Number |
| | | |
| Make & Model | Make & Model | Make & Model |
| | | |
| Third Party Insurer | Third Party Insurer | Third Party Insurer |
| | | |
| Owner | Owner | Owner |
| | | |
| Address | Address | Address |
| | | |
| Contact Number | Contact Number | Contact Number |
| | | |
| Name of Driver | Name of Driver | Name of Driver |
| | | |
| Contact Number | Contact Number | Contact Number |
| | | |
| Description of Damages | Description of Damages | Description of Damages |
| | | |

## DAMAGE TO OTHER PROPERTY DAMAGE

| Name of Owner[66] | Location of property / building[67] | Details of Damage[68] |
|---|---|---|
| | | |

## WITNESSES

| **WITNESS 1[69]** | **WITNESS 2[70]** | **WITNESS 3[71]** |
|---|---|---|
| | | |
| Address | Address | Address |
| | | |
| Contact Number | Contact Number | Contact Number |
| | | |

**STATEMENT OF DRIVER**[72] Please state fully the particulars or circumstances leading to the accident, and what happened after.

**SKETCH**[73] Please make a rough sketch of the accident location showing the direction of vehicles and where applicable the positions of traffic lights, signs, warnings etc**.**

| DECLARATION | | |
|---|---|---|
| I/We hereby declare that the foregoing particulars supplied on this form are true in every respect and that no material information has been withheld. | | |
| Insured's Signature & Company Stamp (if applicable) | Driver's Signature | Date: dd/mm/yyyy |
| | | |

**SUPPORTING DOCUMENTS ATTACHED:** ☐Ins. Certificate ☐Driver's Permit ☐Police Receipt ☐VAT Letter ☐Certified Copy of Ownership
☐Estimate ☐Other:

| OFFICIAL USE ONLY | | | |
|---|---|---|---|
| Date Received: dd/mm/yyyy | Branch/Agent/Broker | Received by | Signature |
| | | | |