

MOTOR ACCIDENT CLAIM FORM

POLICYHOLDER DETAILS

Insurer	Mutual and Federal Risk Financing Limited.		
Insured		Policy Number	
Cell		Tel Number	

BROKER DETAILS

Broker Name	E-mail	
Cell	Tel Number	

DETAILS OF LOSS /DAMAGE

Make & Model				Year	
Registration Number		Purchase Price		Purchase Date	

ANTI THEFT DEVICES

Make of device	Fitted by	Date Fitted
Details of Window markings	Applied by Whom	Number

FINANCING DETAILS

Finance Company	Branch	Type of Agreement	Account Number	Amount

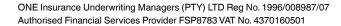
DAMAGE

Damage to Own Vehicle			Estimates for Repair (Attach Quotations)
Repairer's Name		Tel Number	
Repairer's Address			
State where can the vehicle be in	nspected		

POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station	Police Ref no		





DRIVER DETAILS

Full Name					Ident	ity Number				
Tel Number					E-ma	il				
Occupation					Stree	t Address				
Driver's Licence	e Details	Code		Place of Iss	sue		Date of Is	ssue		
State the Purpo	ose for which	n the Vehic	cle was being used							
Was He/She di	riving with yo	our permis	sion				Yes	S	No	
Is He/ She in yo	our employ						Yes	S	No	
Is He/She own	er of anothe	r vehicle					Yes	S	No	
If Yes, provide I	Name of Insi	urer and P	olicy Number							
Details of any o	convictions for	or motorin	g offences							
Has license eve	er been end	orsed					Yes	S	No	
Has He/She an	ny Physical D	Defects (If	Yes Please State)				Yes	S	No	
Details of Previ	ious acciden	its					'	'		

PASSENGER DETAILS

Were there any Passengers in the Insured Vehicle, If so Please state their name, Address and Telephone Number below

Name	Address		Tel Number		
Are they Employees		Yes	No		
For what purposes where they being transported					

WITNESSES DETAILS

Name	Address	Tel Number



OTHER PARTY DETAILS

Reg No.	Make & Model	Name & Address of Owner & Driver	Damage Details		
amage to Property other than Vehicles (Indicate)					

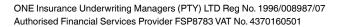
Other Party Details

Name of Owner	A	Tel No	
Name of Injured	Relationship to Accident (e.g. Passenger, Driver)	Details of Injuries	Name of Hospital

ACCIDENT DETAILS

Date, Time & Place of Accident		
Speed before accident (KPH)	Speed at Moment of Impact (KPH)	
Weather Conditions at time of accident	Visibility	
Road Surface	Width of Road	
State which Vehicle lights were on	Condition of Street Lighting	
Was any warning given by you (e.g. Hooter)	Was Driver/s tested For Alcohol or drugs	
Description of Accident		
Was a load being transported at the time of the accident?	Yes	No





SKETCH OF ACCIDENT (If necessary use a separate page)	
LICENCE INSPECTION	
I have inspected the Driver's License a	and it is free of Endorsements/Endorsed as shown
Signature	Capacity of Signatory: (Please attach copy of Driver's License)
Declaration	
I hereby declare the foregoing part	iculars to be true in every respect.
Signed at:	Date:
Full Name:	
Signature	

