



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 accident¹⁷

Was the vehicle being used with the Owner's consent¹⁸? 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 accidents³⁵? YES NO *(If yes, provide details)*

Does the driver own a vehicle³⁶? 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 eye³⁷? YES NO *(If yes, provide details)*

ACCIDENT DETAILS

Date of Accident: dd/mm/yyyy ³⁸		Time ³⁹ <input type="checkbox"/> AM <input type="checkbox"/> PM		Location ⁴⁰			
Was the road surface paved ⁴¹ ? <input type="checkbox"/> YES <input type="checkbox"/> 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 ? <input type="checkbox"/> YES <input type="checkbox"/> NO		Were measurements taken ⁵⁰ ? <input type="checkbox"/> YES <input type="checkbox"/> NO					
Was either party warned of prosecution ⁵¹ ? <input type="checkbox"/> YES <input type="checkbox"/> NO		<i>(If yes, state which Party)</i>					
INSURED'S VEHICLE⁵²		VEHICLE 1⁵³		VEHICLE 2⁵⁴		VEHICLE 3⁵⁵	
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 <input type="checkbox"/> OFF <input type="checkbox"/> ON <input type="checkbox"/> DIM <input type="checkbox"/> BRIGHT		Status of Lights <input type="checkbox"/> OFF <input type="checkbox"/> ON <input type="checkbox"/> DIM <input type="checkbox"/> BRIGHT		Status of Lights <input type="checkbox"/> OFF <input type="checkbox"/> ON <input type="checkbox"/> DIM <input type="checkbox"/> BRIGHT		Status of Lights <input type="checkbox"/> OFF <input type="checkbox"/> ON <input type="checkbox"/> DIM <input type="checkbox"/> BRIGHT	
Was horn sounded? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was horn sounded? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was horn sounded? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was horn sounded? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Was indicator on? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was indicator on? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was indicator on? <input type="checkbox"/> YES <input type="checkbox"/> NO		Was indicator on? <input type="checkbox"/> YES <input type="checkbox"/> NO	

DAMAGE TO YOUR VEHICLE

Please state damage ⁵⁶			Is the vehicle still in use ⁵⁷ ? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Estimate for Repairs ⁵⁸		Where can the vehicle be inspected ⁵⁹ ?		Name & Address of Repairer ⁶⁰

PERSONAL INJURIES

NAME 1⁶¹		NAME 2⁶²	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, complete below)</i>		Was this injured person treated in a Medical Institution? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(if yes, complete below)</i>	
Where treated	Date treated: dd/mm/yyyy	Where treated	Date treated: dd/mm/yyyy
Details		Details	
Was this injured person: <input type="checkbox"/> An Occupant of your vehicle <input type="checkbox"/> A Cyclist <input type="checkbox"/> An Occupant of another vehicle <input type="checkbox"/> A Pedestrian		Was this injured person: <input type="checkbox"/> An Occupant of your vehicle <input type="checkbox"/> A Cyclist <input type="checkbox"/> An Occupant of another vehicle <input type="checkbox"/> 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 DRIVER⁷² Please state fully the particulars or circumstances leading to the accident, and what happened after.

SKETCH⁷³ 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: <small>dd/mm/yyyy</small>	Branch/Agent/Broker	Received by	Signature