



MOTOR ACCIDENT REPORT/ CLAIM FORM

Claim No.	
Policy No.	
Policy Period	to

NB. All questions are to be answered in full and should be true and correct. N/A means Not Applicable.

THE POLICYHOLDER

Name:.....	Date of Birth:.....
Address:.....	Phone:.....
Occupation:.....	Employer:..... Phone:.....
Email Address:.....	

THE DRIVER

Is the driver named or authorized on the policy?

Yes

No

Name:.....	Date of Birth:.....
Address:.....	Phone:.....
Occupation:.....	Employer:..... Phone:.....
Email Address:..... Driving Experience:.....	
Driver's Licence No.:.....	Date Issued:..... Was it ever suspended or endorsed?.....
If yes, explain.....	
Relationship to Insured:.....	Were you driving on the Insured's permission?.....
For what purpose was the vehicle being used?.....	
Do you own a vehicle?.....	If so, please provide: Insurance Company..... Reg No:.....
Do you suffer from any physical infirmity, defective hearing or vision?.....	
If yes, please describe.....	
Were you consuming alcoholic beverage prior to the accident?..... If yes, how much?.....	

THE VEHICLE

Year:.....	Make:.....	Model:.....	Reg No:.....	Cc/hp:.....
Colour:.....	Chassis No:.....	Sum Insured:.....		
Any physical modification or alteration since last proposal?.....			Condition of tyres:.....	
Was there any unrepaired damage prior to the accident?..... If so, give details:.....				
.....				
Name and address of any Bank or Company financially interested in the vehicle:.....				
Were any trailers attached to the vehicle?..... If so, give description and weight of load:.....				
.....				

THE ACCIDENT

Date of Accident:.....	Time:.....	Place:.....	Street/Road:.....
Were particulars taken by the Police?.....		Address of Police Station:.....	
Name of Officer taking particulars.....		Were you warned for prosecution?.....	
Did the third party/driver make any statement bearing on the accident?.....			
.....			
Have you received an intimation of a claim from the third party/driver?.....			
Condition of the road:.....		Weather condition:..... Visibility:.....	

	INSURED	THIRD PARTY 1	THIRD PARTY 2
Direction of travel?			
On which side of the road?			
Speed at time of impact?			
Lights (on, off, dim, bright)			
Was horn sounded?			

DAMAGE TO INSURED'S VEHICLE

List parts damaged and the extent of the damage:

Did a wrecker move the vehicle?..... if so, give name and address:.....

Where can the vehicle be seen?.....

Have you requested an estimate? Name of garage:..... Estimate \$.....

Have you authorized any repairs to be done?..... Name of garage:.....

PASSENGERS IN INSURED'S VEHICLE

NAME	ADDRESS	OCCUPATION	AGE	RELATED TO INSURED?		NATURE OF INJURY
				YES	NO	

PARTICULARS OF THIRD PARTIES

THIRD PARTY # 1:

Name and address of owner:..... Phone:.....

Name and address of driver:.....Phone:.....

Year:..... Make:..... Model:..... Reg No:..... Colour:.....

Insurance Company:..... Nature of damage:.....

.....

How many passengers were in the vehicle:..... How many were injured:.....

THIRD PARTY # 2:

Name and address of owner:..... Phone:.....

Name and address of driver:.....Phone:.....

Year:..... Make:..... Model:..... Reg No:..... Colour:.....

Insurance Company:..... Nature of damage:.....

.....

How many passengers were in the vehicle:..... How many were injured:.....

PEDESTRIAN OR CYCLIST:

Name and address:..... Phone:.....

Nature of injury:.....

Damage to cycle:.....

DETAILS OF INJURED PASSENGERS

NAME AND ADDRESS	OCCUPATION	AGE	NATURE OF INJURY

WITNESSES

NAME	ADDRESS	OCCUPATION	TEL #:

LEGAL PROCEEDINGS

1. Are you and your driver willing to attend Court to give evidence relating to this matter?.....
2. Are you willing to have TDCIC’s Attorneys-at-Law handle the suit?.....
3. Do you agree that TDCIC’s Attorneys-at-Law reserve the right to dispose of the Suit in the appropriate manner even though they may solicit your input?.....
4. Are you willing, if necessary, to assist our process server in whatever manner possible and specifically as regards serving the Third Party?.....

FULL DESCRIPTION OF CIRCUMSTANCES OF ACCIDENT

Who, in your opinion, was at fault in the accident?.....

Were you served with any document by the Police? Yes No

Have you been served with any Civil suit or Legal letter? Yes No

Has there been a court hearing or has one been scheduled? Yes No

If yes, what was the outcome of the hearing?
.....

N.B. Every letter, claim, writ, summons and process shall be notified or forwarded to the Company immediately on receipt without any admission of liability by you. I/We hereby declare that the foregoing particulars given by me/us have been read over and found to be true and correct in every respect, and I/we agree that if I/we have made, or in any further declaration the Company may require in respect of the said accident shall make, any false or fraudulent statement, or if found guilty of any suppression or concealment, the policy shall be void and all rights to recover thereunder in respect of past or future accidents, shall be forfeited.

I acknowledge that the deductible, outstanding premium and No Claim Discount have been explained in regards to their impact on the claim.

Signature of Insured

Signature of Driver (other than insured)

Date

Witness (Please print name)

Signature of Witness

Please mark the area of your vehicle that was damaged and draw a diagram of the accident below.

