



MOTOR LOSS REPORT FORM

Dear Sir(s) or Madam:

Policy No. _____

Claim No. _____

With reference to your intimation of an accident, it is important that you complete and return this Form, together with Sketch Plan, as early as possible, whether a claim has been made upon you or not.

It is particularly requested that no discussion of the terms or extent of your Insurance be entered into with the party of parties claiming or anyone acting on his, her or their behalf, and that all communications be forwarded to the above Company or its agents immediately on receipt. *It is of the utmost importance that every question be answered fully. If there be insufficient space to answer any of the questions please attach another sheet of paper and write the remainder of each answer thereon quoting the relevant question number.*

The issue of this Form is not to be considered as an admission of Liability on the part of the Company.

Yours faithfully,

1. THE INSURED

- (a) Full Name _____
- (b) Address _____
- (c) Occupation _____ (d) Tel No. (Work) _____ (Home) _____
- (e) E-mail Address _____ Cell No. _____ Fax _____

2. VEHICLE

- (a) Make _____ Model _____ Cubic Capacity _____ Colour _____
Reg. No. _____ Year of Manufacture _____
- (b) For what purpose was it being used? _____
- (c) Was it being used under your instructions? Yes No (d) Had you any other vehicles in use at time of accident? Yes No
- (e) If so, please give number in use and registration letters and numbers _____
- (f) Were any goods or samples being carried? Yes No If yes, please give details _____

- (g) Is there a bank-lien on this vehicle? Yes No Lien-holder's/Contact Name _____

3. DRIVER

- (a) Name and address of person driving the insured vehicle _____
- (b) State age and date of birth _____
- (c) State driving experience of driver _____
- (d) Does the driver own a car? Yes No (e) If so, state name and address of Insurance Company _____

- (f) Is driver's license in force? Yes No (g) Has it ever been endorsed for any breach of the traffic law? Yes No
- (h) Has the driver ever been prosecuted for any offence in the driving of a car Yes No (i) If so, nature of offence _____
- (j) If paid driver state in whose employ and how long employed _____

4. ACCIDENT

- (a) Date of Accident _____ (b) Time of Accident _____
- (c) Place of Accident _____
- (d) Speed of your vehicle _____ (e) Was audible warning given? Yes No (f) How far was insured vehicle from near side of road? _____
- (g) Approximate width of road at place of accident? _____ (h) Did the Police take particulars Yes No
- (i) If so, give No. of Constable _____ (j) Was the Constable a witness Yes No
- (k) If the police did not take particulars at the time of the accident did you report the accident? Yes No (l) If so, at what Police Station _____
- (m) State degree of visibility _____ (n) Whom do you consider responsible for the accident? _____
- (o) Please explain on the back page of this form exactly how the accident happened, giving full details. (The Sketch Plan on the back page must be completed.)

5. DAMAGE (if any) TO OWN VEHICLE

- (a) Full details of damage and probable cost of repairs _____

- (b) Where can the vehicle be examined? _____

- (c) Amount of estimate _____ (In all cases where the insured vehicle is damaged and you are entitled to claim under the Policy, please at once obtain two estimates of repairs and forward to the Company).

6. PERSONAL INJURY TO OTHER PERSONS.

- (a) Names and addresses of persons injured and full particulars of injuries sustained _____

- (b) Name and Address of Doctor, Hospital or Nursing Home to which injured person/s has/have been removed to for treatment

- (c) Has a claim been made upon you? If so, give full particulars and amount and forward any communications received, unanswered _____

7. DAMAGE TO PROPERTY OF OTHER PERSONS.

- (a) Name/ Address/Contact number of Owner of property damaged _____

- (b) License number/Description of vehicle with Insurance particulars and of damages done _____

- (c) Has a claim been made upon you? If so, give full particulars and amount and forward any communications received unanswered _____

- (d) If property is immobile, please describe property and damages _____

8. WITNESSES

- (a) Names and Address of all persons in your Vehicle other than the person driving _____

- (b) Names and Addresses of all independent witnesses _____

I/We hereby declare that the statements contained herein are true to the best of my/our knowledge and belief, and that the Vehicle is not insured with any other Insurer.

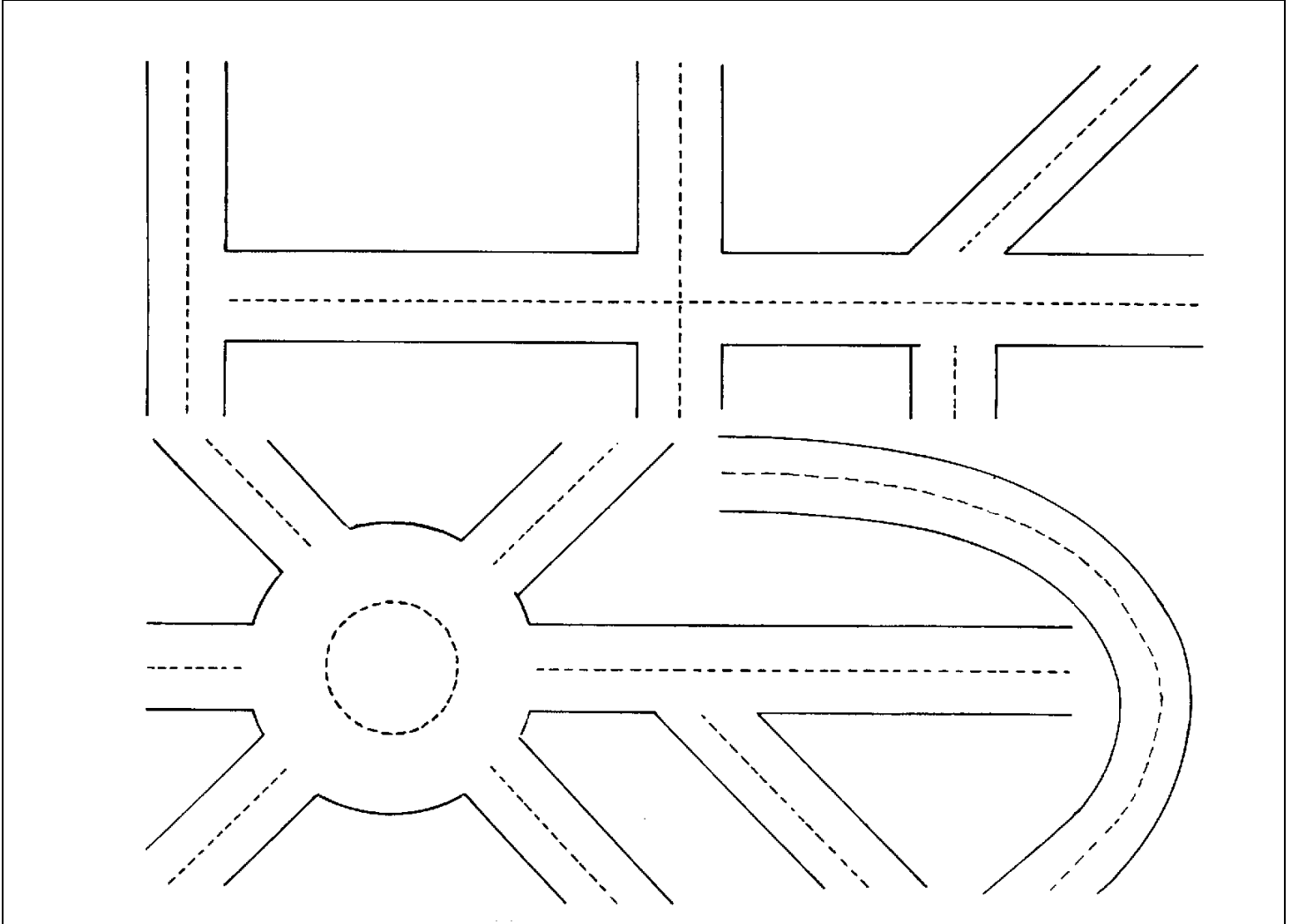
Date _____ Signature (Insured) _____

(Driver) _____

SKETCH PLAN (Important)

Please show the position on the road of Vehicles, or Vehicle, at the point of impact, and indicate their direction and track immediately before the Accident.

If any Vehicle, Persons (P) or Obstacles (X) were present influencing the Track of the Vehicles concerned, these should also be indicated.



Explanation of how the accident happened

I/We hereby declare that the statements contained herein are true to the best of my/our knowledge and belief, and that the Vehicle is not insured with any other Insurer.

Date _____ Signature (Insured) _____

(Driver) _____