



**Policyholder's details**

Mr.  Mrs.  Ms.  First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Address (Street, Parish, Country) \_\_\_\_\_ Telephone (h) \_\_\_\_\_ Telephone (w) \_\_\_\_\_  
 Business/Employer \_\_\_\_\_ Business/Employer Address (Street, Parish, Country) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_ Email Address \_\_\_\_\_ Cell No. \_\_\_\_\_  
 VAT No. \_\_\_\_\_

**Your Policy**

Policy Number \_\_\_\_\_ Excess Applicable \$ \_\_\_\_\_ Coverage \_\_\_\_\_  
 Insured Value \$ \_\_\_\_\_ Is Premium Paid YES  NO  Roadside Assistance YES  NO

**The Insured Vehicle**

Registration No. \_\_\_\_\_ Year \_\_\_\_\_ C.C. \_\_\_\_\_ Chassis No. \_\_\_\_\_  
 Make & Model \_\_\_\_\_ Left Hand Drive YES  NO  Engine No. \_\_\_\_\_  
 Exactly what was vehicle being used for? \_\_\_\_\_  
 Name of owner of vehicle \_\_\_\_\_ Was the vehicle being used with owner's consent? YES  NO   
 Specify any mortgage/hire purchase agreement on your vehicle: \_\_\_\_\_  
 How many passengers were being carried? \_\_\_\_\_ Were they fare paying? YES  NO   
 If goods were being carried state (a) Owner \_\_\_\_\_ (b) Description \_\_\_\_\_

**The Driver**

Mr.  Mrs.  Ms.  First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_  
 Home Address (Street, Parish, Country) \_\_\_\_\_ Telephone (h) \_\_\_\_\_ Telephone (w) \_\_\_\_\_  
 Business/Employer \_\_\_\_\_ Business/Employer Address (Street, Parish, Country) \_\_\_\_\_  
 Occupation \_\_\_\_\_ Email Address \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Is the driver employed by you YES  NO  State Year Licence Originally Passed \_\_\_\_\_ Type of Licence \_\_\_\_\_  
 Driver's License No. (please attach photocopy) \_\_\_\_\_ Date of Issue (DD/MM/YY) \_\_\_\_\_ Date of Expiry (DD/MM/YY) \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_  
 What is the relationship of the driver to the policyholder? \_\_\_\_\_ Has the driver any motoring convictions/offenses or endorsements/suspensions? YES  NO  If yes, give details \_\_\_\_\_  
 Has the driver had any previous accidents? YES  NO  If yes, give details \_\_\_\_\_  
 Has the driver been drinking alcohol/taking drugs? YES  NO   
 Has the driver ever been refused any type of insurance? YES  NO  If yes, give details \_\_\_\_\_  
 Does the driver own a vehicle? YES  NO  Where is the vehicle insured? \_\_\_\_\_  
 Has the driver any physical infirmity or defective vision, lost of limb or eye? YES  NO  If yes, please give details \_\_\_\_\_

**The Accident**

Date of accident (DD/MM/YY) \_\_\_\_\_ Time \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Location \_\_\_\_\_  
 Were police at the scene? YES  NO  Were measurements taken? YES  NO  Was road surface paved or unpaved? P  U   
 Policeman's Name/No. \_\_\_\_\_ Police Station to which reported: \_\_\_\_\_  
 Was either party warned for prosecution? YES  NO  If yes, please give details \_\_\_\_\_ Condition of road: \_\_\_\_\_  
 Weather Conditions \_\_\_\_\_ What was your speed (a) before accident \_\_\_\_\_ (b) at the time of accident: \_\_\_\_\_  
 Did you give any warning signal? YES  NO  Were your lights turned on? YES  NO

**Damage to Insured Vehicle**

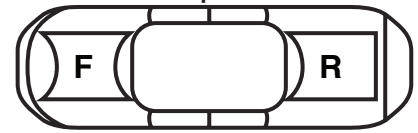
State damage to vehicle: (and indicate on drawing)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Point of Impact: Mark XXXX**  
**Direction of Impact - use arrows**



Is vehicle still in use? YES  NO

Where can vehicle be inspected? \_\_\_\_\_

Have you obtained an estimate for repairs? YES  NO  If yes, please provide a copy

**Persons Connected With Accident & Personal Injuries. After Name State Whether Driver (D), Pedestrian (PE), Passenger (PA) or Witness (W)**

No. 1	Name _____	D <input type="radio"/>	PE <input type="radio"/>	PA <input type="radio"/>	W <input type="radio"/>	Address _____
	(_____) _____	Telephone _____	Age _____	Nature of Injuries _____	Where Treated _____	
No. 2	Name _____	D <input type="radio"/>	PE <input type="radio"/>	PA <input type="radio"/>	W <input type="radio"/>	Address _____
	(_____) _____	Telephone _____	Age _____	Nature of Injuries _____	Where Treated _____	
No. 3	Name _____	D <input type="radio"/>	PE <input type="radio"/>	PA <input type="radio"/>	W <input type="radio"/>	Address _____
	(_____) _____	Telephone _____	Age _____	Nature of Injuries _____	Where Treated _____	
No. 4	Name _____	D <input type="radio"/>	PE <input type="radio"/>	PA <input type="radio"/>	W <input type="radio"/>	Address _____
	(_____) _____	Telephone _____	Age _____	Nature of Injuries _____	Where Treated _____	

**Other Vehicle or Property Connected with Accident**

Vehicle / Property	Name of Owner _____	Make & Model _____	Registration No. _____
	Address _____	Name of Insurer _____	
	(_____) _____	Driver's Name _____	Driver National ID No. _____
	Owner National ID No. _____	Driver Address _____	
	Driver Occupation _____	Details of Damage of Other Property _____	
	Description of Damage _____		
Vehicle / Property	Name of Owner _____	Make & Model _____	Registration No. _____
	Address _____	Name of Insurer _____	
	(_____) _____	Driver's Name _____	Driver National ID No. _____
	Owner National ID No. _____	Driver Address _____	
	Driver Occupation _____	Details of Damage of Other Property _____	
	Description of Damage _____		
Vehicle / Property	Name of Owner _____	Make & Model _____	Registration No. _____
	Address _____	Name of Insurer _____	
	(_____) _____	Driver's Name _____	Driver National ID No. _____
	Owner National ID No. _____	Driver Address _____	
	Driver Occupation _____	Details of Damage of Other Property _____	
	Description of Damage _____		

ALL COMMUNICATIONS RECEIVED FROM/OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED TO US IMMEDIATELY. I/WE HEREBY DECLARED THAT THE FOREGOING PARTICULARS GIVEN ARE TRUE IN EVERY RESPECT.

	Seen	Copied		Seen	Copied
Driver's License	<input type="radio"/>	<input type="radio"/>	Certificate of Insurance	<input type="radio"/>	<input type="radio"/>
Identification Card	<input type="radio"/>	<input type="radio"/>			

Signature of Policyholder \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date of Issue (DD/MM/YY)



DIAGRAM OF THE ACCIDENT

