

# CLARION INSURANCE COMPANY

## MOTOR ACCIDENT CLAIM FORM (Delete sections not applicable)

**Insured's Name (Registered owner of vehicle)**.....

**Current owner name** ..... **Email**.....

**Address** ..... **Phone No**.....

### INSURED VEHICLE DETAILS

|                      |                     |            |                    |                                 |
|----------------------|---------------------|------------|--------------------|---------------------------------|
| Make                 | Engine No           | Chassis No | Model and Year     | Horse power                     |
|                      |                     |            |                    |                                 |
| Kilometers completed | Registration Number | Value      | Gross Vehicle Mass | Date of Purchase and Price paid |
|                      |                     |            |                    |                                 |

**Driver's Details**

Full name .....

Address.....

Occupation.....

Date of birth .....

Driver's License No.....Date.....Place.....Full.....Learner.....

State fully the purpose for which the vehicle was being used **Private**  **Public**  **Business**

Was he/she driving with your permission? .....

Was he/she driving in employ? **Yes**  **No**

Has he/she any motor insurance on own car? If yes, state Policy No and Company .....

Details of any convictions for motoring offences **Yes**  **No**

Has license ever been endorsed?  **Yes**  **No**

Has he/she any physical disability?.....

**ACCIDENT/THEFT**

Date Time Place

.....

DESCRIPTION OF ACCIDENT .....

.....

.....

.....

.....

**SKETCH OF ACCIDENT**

(If necessary use separate page)

**NB:** Include names, directions, roads signs and markings, all vehicles and objects (identified) and points of impacts

**OTHER VEHICLES**

| Registration No | Make | Name and Address of Owner and Driver/Phone No | Damage and Third Party Insurers |
|-----------------|------|---|---------------------------------|
|                 |      |   |                                 |
|                 |      |   |                                 |

**PROPERTY OTHER THAN VEHICLES**

| Name and Address of Owner | Details of Damage |
|---------------------------|-------------------|
|                           |                   |
|                           |                   |

**DECLARATION**

I/We declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct and I/we undertake to render the Company every assistance in my/our power in dealing with this matter.

Signature of Driver..... Date.....

Signature of Insured..... Date.....

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURER IMMEDIATELY YOU BECOME AWARE OF IMPENDING PROSECUTION INQUEST OR DEMAND**

THE ISSUE OF THIS FORM IS NOT AN ADMMISSION OF LIABILITY

**WARNING: INSURANCE FRAUD IS A CRIME**