CONSUMERS'
GUARANTEE
INSURANCE

MOTOR CLAIM

CONSUMERS'
GUARANTEE
INSURANCE

Policy No. ____

Claim No. ____

Date Received ____ / ____ / ____

MOTOR CLAIM

You should answer all questions. If you ticked the shaded box please give details in the spaces provided. If you have any queries on your responses please call us. This form should be completed and returned to us as soon as possible.

1 INSURED'S DETAILS

(a) In whose name is the vehicle insured?

Insured's name: *(Use block letters)* _____

Full Postal Address: _____

_____

Phone: Home ☐☐☐☐☐☐☐ Work ☐☐☐☐☐☐☐ Cell ☐☐☐☐☐☐☐

Occupation _____ Employer _____

(b) Is your Premium paid?

Yes ☐ If you have part paid, you will need to settle it in full prior to the claim being dealt with.

No ■

(c) Do you have any credit arrangements on your vehicle?

Yes ■ *(If "Yes", give details)* Name:

No ☐

2 VEHICLE DETAILS

Make of your vehicle

Year of Manufacture 19 ☐☐

Registration Number

What is your vehicle's body type?

Sedan ☐ Coupe ☐ Truck ☐

Hatchback ☐ Motorcycle ☐ Van ☐

Station Wagon ☐ Other (give details)

3 DRIVER'S DETAILS If same as Question 1 give only those details not noted above.

(a) Who was driving your vehicle when the incident happened?

Driver's full name: _____

Address: _____

Phone: Home ☐☐☐☐☐☐☐ Work ☐☐☐☐☐☐☐ Cell ☐☐☐☐☐☐☐

Occupation _____ Employer _____

We need to know about the licence held by the person driving the vehicle.

Driver's licence or learner's permit number

Years driving

1st Issued

Date Last renewed

Licence expiry date

Date of Birth

DRIVER'S DETAILS CONT'D

(b) Does the driver own a vehicle of his own?

Yes ☐ *(If "Yes", state name of Insurance Company)*

No ☐

(c) Was the driver driving with your consent?

Yes ☐

No ☐ *(If "No", give details)*

(d) Was the driver ever involved in an accident or been convicted or pending prosecution for any driving offence or refused insurance?

Yes ☐ *(If "Yes", give details)*

No ☐

4 ACCIDENT DETAILS

(a) When did the incident happen? DATE (MONTH / DAY / YEAR) TIME (AM / PM)

At what address did the incident happen? _____

Nearest cross street or other reference point which will help us identify the location. _____

_____

At the time of the accident was the Vehicle being used for: Private use ☐ Business use ☐ Other use ☐

(b) Was this accident reported to the Police?

Yes ☐ *(If "Yes", give full details of Police Station reported to and name of the officer who you dealt with)*

No ☐

(c) How would you describe the condition of the road?

Dry ☐ Loose ☐ Wet ☐ Other

(d) Did you give any warning prior to the Accident?

Yes ☐ *(If "Yes", give details)*

No ☐

(e) Were any of your lights on at the time of the accident?

Yes ☐ *(If "Yes", give details)*

No ☐

(f) At what speed were you travelling just before the point of impact? km / mph

ACCIDENT DETAILS CONT'D

Were any measurements taken at the scene of the accident?

Yes ☐ *(If "Yes", give details)*

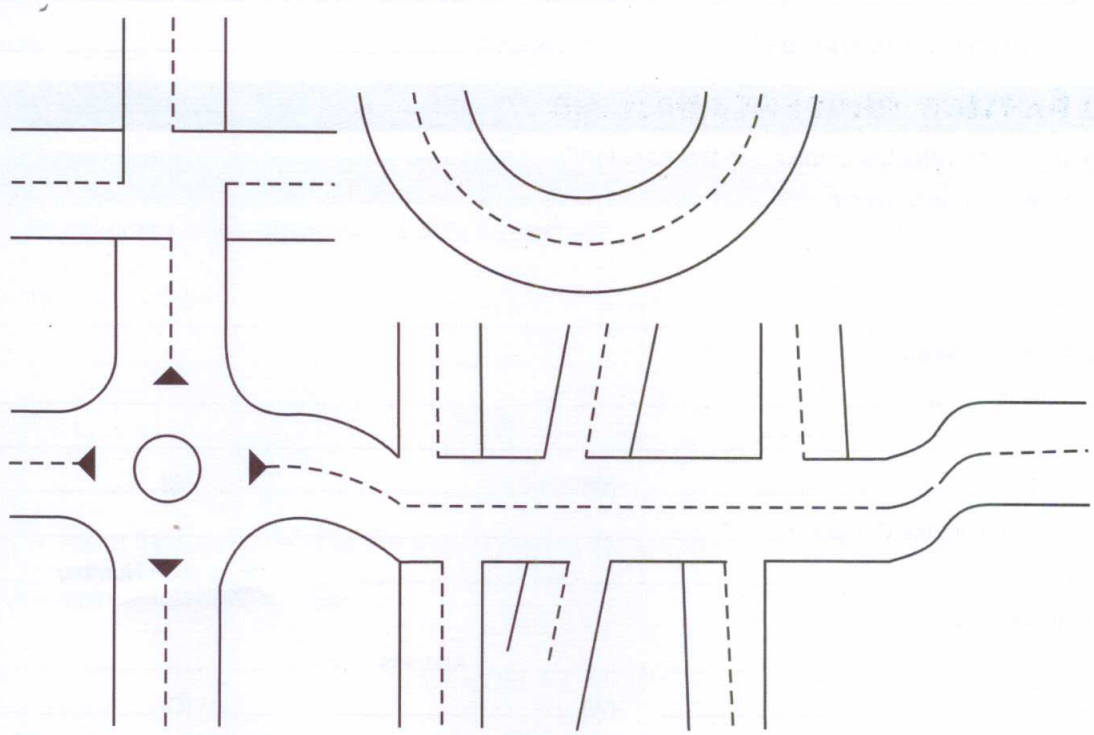
No ☐

How did the Accident happen? Please describe the incident in detail.

Signature of Driver _____

DIAGRAM OF THE ACCIDENT SCENE

Mark your vehicle as A. Number all other parties and or property involved as 1, 2, 3. Indicate the direction in which all parties were travelling.



5 WITNESSES

(a) Were there any independent witnesses?

Yes ☐ *(If "Yes", give full details)*

No ☐

Name _____ Tel. _____ Address _____

_____

Name _____ Tel. _____ Address _____

_____

(b) Were there any passengers in your vehicle?

Yes ☐ *(If "Yes", give full details)*

No ☐

Name _____ Tel. _____ Address _____

_____

Name _____ Tel. _____ Address _____

_____

6 DAMAGE TO INSURED VEHICLE

(a) Did your vehicle sustain damage?

Yes ☐ *(If "Yes", give full details)*

No ☐

(b) Is your vehicle still in use?

Yes ☐ *(If "Yes", give full details)*

No ☐

(c) Did you have your vehicle towed?

Yes ☐ *(If "Yes", state name of Tow Company)*

No ☐ _____

Where can your vehicle be inspected? _____

7 THIRD PARTIES' PROPERTY DAMAGE

Were there any other vehicles involved in the accident?

Yes ☐ *(If "Yes", give details below)*

No ☐

Vehicle 1

Third Parties details

Name of owner of car _____

Address _____

Phone: (H) _____ (W) _____ (C) _____

Third Parties' Insurance Company _____

Make of their vehicle _____ Registration Number _____

Driver's details

Name _____ Address _____

Phone: (H) _____ (W) _____ (C) _____

THIRD PARTIES' PROPERTY DAMAGE CONT'D

Vehicle 2

Third Parties' details

Name of owner of car _____

Address _____

Phone: (H) _____ (W) _____ (C) _____

Third Parties' Insurance Company _____

Make of their vehicle _____ Registration Number _____

Driver's details

Name _____ Address _____

Phone: (H) _____ (W) _____ (C) _____

8 INJURED PARTIES

Did anyone suffer injuries?

Yes ☐ *(If "Yes", give full details below)*

No ☐

Name _____ Age _____ Nature of injury _____

Address _____

Name _____ Age _____ Nature of injury _____

Address _____

9 OTHER LOSSES

Are there any other losses arising out of this incident that you know about?

Yes ☐ *(If "Yes", give details)*

No ☐

DECLARATION & SIGNATURE

I/We declare the information and answers given above are truthful, accurate and frank.

No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or has been concealed.

Insured's Signature (The person or Company representative named in **question 1** must sign here.)

Insured's Signature

Date