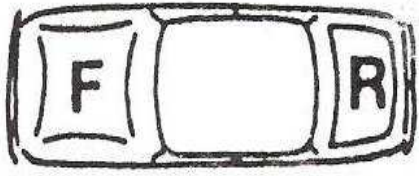


Company				Claim No:	
1 The Insured					
Name:					
Home Address:				Tel No:	
Business Address:				Tel No:	
Occupation:			Date of Birth/ID No:		
2. The Policy					
Policy No:		Renewal Date:		Excess Applicable:\$	
Coverage:				Insured Value: \$	
Is premium paid?		If not, why?			
3. The Insured Vehicle					
Reg. No:		Year:	cc:	Eng. No:	
Make & Model:				Chassis:	
Is Vehicle:	Left Hand Drive:	Van:	Motor Cycle:	Truck:	Special License
Exactly what was the vehicle being used for?					
Name of owner of vehicle:					
Was the vehicle being used with owner's consent?					
Specify any mortgage/hire purchase agreement on your vehicle:					
How many passengers were being carried?			Were they fare paying?		
If goods were being carried, stated: a) Owner					
b) Description					
4. The Driver					
Name:				Male or Female	
Home Address:				Tel. No:	
Business Address:				Tel. No:	
Occupation:				Date of Birth/ID No:	
Is the Driver employed by you?			State year license originally passed:		
Driver's License No: (Please attach Photocopy)			Date of Issue:		
Type of License:			Date of Expiry:		
What is the relationship of the driver to the policyholder:					
Has the Driver any motoring convictions/offences or license endorsement/suspensions?					
Has the Driver has any previous accidents?					
Has the Driver ever been refused any type of Insurance?			Had the Driver been drinking alcohol/taking drugs		
Does the Driver own a vehicle?			Where is it Insured?		
Has the Driver any physical infirmity, or defective vision or hearing, or lost a limb or any eye?					
If yes, what?					
5. The Accident of Loss					
Date:		Time:		Place:	
Did the Police go to the scene?			Were measurements taken?		
Policeman's Name/No:			Police Station to which reported:		
Was either party warned for prosecution (if so, whom)?					
Was road surface paved or unpaved?					
Condition of road:			Weather Conditions:		
What was your speed a) before accident:			at the time of accident:		
Were your lights turned on?			Did you give any warning or signal		
Whom do you consider responsible for the accident?					

6. Damage to the Insured Vehicle			
State damage to vehicle: (and indicate on drawing)	Point of Impact: Mark XXXX		
Direction of Impact: Use arrows →			
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div>			
Where can vehicle be inspected?	Is vehicle still in use?		
Have you obtained an estimate for repairs? (if yes please provide copy)			
7. Person Connected with the Accident and Personal Injury			
Please provide the following information for all passengers in your vehicles:			
Name/Address/Tel.No/Nature of Injuries/Where treated:			
Please provide the following information for other persons injured other witnesses to the accident:			
Name/Address/Tel.No/Nature of Injuries/Where treated:			
Other Vehicles or Property Connected with the Accident			
Particulars	Vehicle 1	Vehicle 2	Vehicle 3
Reg. No.			
Make & Model			
Name of Owner			
Address			
Name of Insurer			
Tel. No.			
Driver's Name			
I.D No./Date of Birth			
Address			
Occupation			
Tel. No.			
Name of Insurer			
Description of Damages			
Details of Damage to other property			
(Name of Owner)			

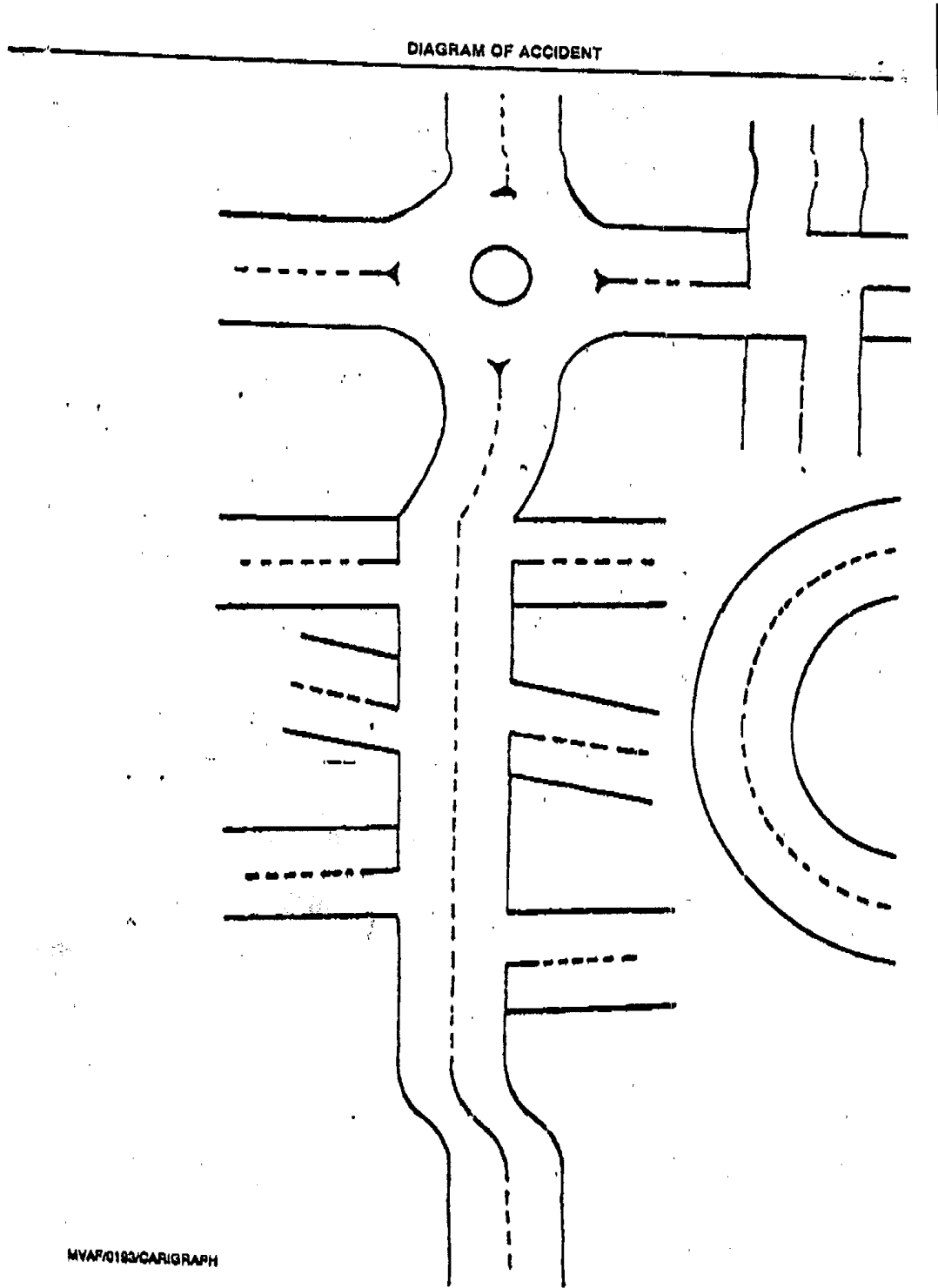
All Communication Received From or on Behalf of any claimant must be forwarded to us immediately

I/We Hereby Declared that the Foregoing particulars given by me are true in every respect.

Driver's License			Date: _____
Certificate of Insurance			
Identification Card			
Sent to Database			Signature: _____

(Please use next page for a diagram of the accident)

Diagram of Accident



NYAR/0183/CAR/GRAPH