

MOTOR INSURANCE CLAIMS FORM

PLEASE FILL FORM IN 'CAPITAL LETTER'

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

Certificate No.

Policy No.

Name

Surname

Middle Name

First Name

Address

Date of Payment of last premium

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

Last premium N

Business or Occupation

Telephone

Coronation does not admit liability by the issuance of this form. In the event that you receive any correspondence from an involved party about this accident, please do not respond to such. Do not admit liability or accept that you were at fault. kindly send document to Coronation immediately.

LOSS DETAILS

1. PLEASE GIVE THE FOLLOWING INFORMATION ABOUT THE MOTOR VEHICLE (MV):

(a) Make

H.p

Colour

Reg. No.

(b) For what purpose was the vehicle being used at the time of the accident?

☐

Personal Use

☐

Commercial Use

☐

Official Use

Others

(c) If being used by someone other than the insured, had the user obtained the insured's consent?

(d) Were goods and samples being carried?

☐

Yes

☐

No

(e) Commercial vehicles only:

Carrying capacity

Weight of load

2. PLEASE GIVE THE FOLLOWING INFORMATION ABOUT THE PERSON (DRIVER) DRIVING THE VEHICLE:

(a) Name

(b) Age

(c) Address

(d) Driving Licence No.

(e) Date of first licence

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

(f) Date he passed the driving test

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

(g) Is he your permanent driver?

☐

Yes

☐

No

(h) How long has he been in your service?

(i) Has he ever been (i) refused any MV insurance

☐

(ii) Convicted of any motoring offence?

☐

(j) If so, please give details

(k) If a relative or friend of yours was driving, please give his occupation

(l) Does he own a vehicle himself?

☐

Yes

☐

No

(m) If yes and he is insured, please give the name and address of insurers

MOTOR INSURANCE CLAIMS FORM

3. PLEASE GIVE THE FOLLOWING INFORMATION ABOUT THE ACCIDENT:

(a) When did it happen? : a.m. : pm. on D D M M 2 0 Y Y

(b) Where did it happen?

(c) If it happened after dark, which lamps of the vehicle were lit?

(d) At what speed was the vehicle travelling? kph

| | | |
|---------------------------|-----|----|
| (e) Was the horn sounded? | Yes | No |
|---------------------------|-----|----|

(f) If the vehicle was on the near side of the road, how far from the kerb was it? meters(s)

(g) If it was not on the near side, where was it?

| (h) Do you think the (i) your diver was to blame? | Yes | No | (ii) your driver was sober? | Yes | No |
|---|-----|----|-----------------------------|-----|----|
| | | | | | |

| | | |
|-------------------------------------|-----|----|
| (i) Some other person was to blame? | Yes | No |
|-------------------------------------|-----|----|

(j) If yes, please give the name address and occupation of that person

4. PLEASE EXPLAIN HOW THE ACCIDENT HAPPENED

[illegible]

IMPORTANT

BEFORE WE CAN CONSIDER YOUR CLAIM THE FOLLOWING QUESTIONS MUST BE ANSWERED:

| | Yes | No |
|---------------------------------------|-----|----|
| a. Has the current premium been paid? | | |

b. If yes, when was it paid and to whom? If paid in more than one instalment, give details of each separate payment:

| DATE | TO WHOM PAID | AMOUNT (N) |
|------|--------------|------------|
| | | |
| | | |

| | 2019 | 2020 | 2021 |
|-------|------|------|------|
| Total | 78 | 68 | 68 |

c. What is the damage to your vehicle?

d. Where is it at present?

If you obtained an estimate of repairs, please attach it.

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5. (A) PLEASE GIVE THE NAME AND ADDRESS OF THE OWNER OF ANY OTHER VEHICLE INVOLVED

(c) Was there any damage to other vehicles and property?

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Yes

☐

No

If yes, please give: name and address of the owner

Please explain damage

6. (A) WAS ANY ONE INJURED?

☐

Yes

☐

No

(b) If Yes, Please Provide Details:

NAME AND ADDRESS

INJURIES

| | | |
|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
|----------------------|--------------------------|----------------------|

| | | |
|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
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| | | |
|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="checkbox"/> | <input type="text"/> |
|----------------------|--------------------------|----------------------|

Name

Policy Number

Address

PLEASE MARK WITH A CROSS THE NAME OF ANYONE DETAINED IN HOSPITAL

7. HAS ANY CLAIM BEEN MADE UPON YOU?

☐

Yes

☐

No

(b) If Yes, By Whom?

8. (A) WAS THE ACCIDENT REPORTED TO THE POLICE AND IF YES, TO WHICH POLICE STATION?

(b) Did the Police (i) witness the accident?

☐

Yes

☐

No

(ii) take any evidence or particulars

☐

Yes

☐

No

(c) Did the driver give a signed statement to the Police?

☐

Yes

☐

No

(d) Please give the names and address of any witnesses:

(i) Passengers in your vehicle

(ii) Other

DECLARATION

I/We

declare that the foregoing answers are true and complete

and that I/We hold no other policy indemnifying Me/Us in respect of this claim. I/We request you to deal on My/Our behalf with the third party claims arising herein, in accordance with the terms and conditions of the above-mennoned policy, and I/We authorise you and your solicitors on My/Our behalf to make such admissions and settlements give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | 2 | 0 | Y | Y |
|---|---|---|---|---|---|---|---|

Driver's Signature

Insured's Signature