



BRANCH:

STAFF NAME:

NOTE: PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION. THIS PROPOSAL FORM MUST BE ANSWERED IN THE PROPOSER'S OWN WRITING.

Please Note that-It is necessary that great care should be taken in completing this form and the information given therein should be strictly accurate irrespective of whether it is in your favour or otherwise. You should not make any payment offer or promise of any payment or admit liability in anyway, as by so doing you may prejudice your position and make settlement a difficult matter.

POLICY NO.

RENEWAL DATE:

Name of Insured:

Address:

Occupation:

Telephone No:

PARTICULARS OF MOTOR VEHICLE CONCERNED:

Registration No. Make Model Year of Make

Is the vehicle the subject of a hire purchase or loan agreement? Yes/No

If so state name of finance company or lending organisation

If claim is under a Motor Trade Policy, give name and address of owner of vehicle.

State fully the purpose for which the vehicle was being used. (It is not sufficient to state "Business" or Private")

PARTICULARS OF PERSON DRIVING AT THE TIME OF ACCIDENT:

Full Name:

Age: Occupation: Tel. No:

Driving License No: Date of Issue:

For what group of vehicles has the license been issued:

Has the driver ever been convicted of any motoring offence? Yes/No

If so, give details

State whether the person driving at the time of accident was: (a) The Owner (b) An Employee (c) Relative or

Friend

If an employee, how long has he been in your employment as a driver?

If owner was not driving - State whether the person driving owns a vehicle himself? Yes/No

If so, state name and address of the Insurer of the person driving and number of Policy held by him/her

CIRCUMSTANCE OF ACCIDENT:

Date and Time: 19 at a.m/p.m.

Exact Location of Incident

Speed of Vehicle

If after lighting up time what lights were lit on your Vehicle?

How many persons were in your vehicle at the time of the accident?

If you were not in the vehicle, when was accident reported to you

Give full description of how the accident happened

In your opinion was the accident caused by your driver?

If not, by whom?

Damage to your vehicle

Where can the vehicle be seen?

Name and Address of nearest Repairers

THIRD PARTIES INVOLVED IN ACCIDENT:

Names and addresses of persons injured and the extent of their injuries: Injured persons in you vehicle

1. 2.

3. 4.

Injured persons in the other vehicle

1.

2.

3.

4.

State details of other vehicle involved:

Regd. No.

Make:

Model:

State name and address of the driver of this vehicle

State name and address of the owner of this vehicle

State name and address of Insurer of this vehicle and policy number.

Details of damage to this vehicle

Has any claim, been made upon you? Yes/No.

If so, state particulars below and note that any letter or communication received by you must be forwarded immediately unanswered, to this

Company:

Has any person involved in the accident been given a notice of intended prosecution by the Police?

Yes/No

If so, state details

Witnesses:

1.

2.

3.

State names and addresses of any independent witnesses:

1.

2.

3.

Was accident reported to the Police? Yes/No.

If so, state date reported and at which Police Station:

Name Police Constable who took particulars:

Do you hold more than one policy indemnifying you in respect of this accident? Yes/No.

I declare that the above statement is true in all respects to the best of my knowledge and belief and I hereby leave in the hands of the Company in accordance with the Conditions of the Policy the conduct of all claims and litigation arising out this accident and to which the Policy applies, to deal with, to prosecute and/or settle as they think fit without further reference to me; and I undertake to give all such information and assistance as the Company may require.

Date:

Signature:.....

The Company does not admit liability by the issue of this form..

SKETCH

Please make a sketch showing position of vehicles and persons concerned both before and after the accident, and showing the direction in which they were travelling.

POSITION BEFORE ACCIDENT

POSITION AFTER ACCIDENT