



## MOTOR ACCIDENT CLAIM FORM

### POLICYHOLDER DETAILS

Insurer	Mutual and Federal Risk Financing Limited		
Insured		Policy Number	
Cell		Tel Number	

### DAMAGE

Vehicle make and model		Registration Number	
Description of damage to own vehicle			
State where can the vehicle be inspected			
Was a load being transported at the time of the accident?	Yes	No	
If yes, what was the commodity?			

Please provide images of the damage (Attach photographs)

### POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

### DRIVER DETAILS

Full Name		Identity Number	
Tel Number		E-mail	
Occupation		Street Address	
Driver's Licence Details	Code	Place of Issue	Date of Issue
State the purpose for which the vehicle was being used			
Was he/she driving with your permission?	Yes	No	
Is he/she in your employ?	Yes	No	

### PASSENGER DETAILS

Were there any passengers in the insured vehicle? If so, please state their name and telephone number below

Name	Details of Injuries	Tel Number

Are they employees?		Yes	No
For what purposes where they being transported?			

## WITNESSES DETAILS

Name	E-mail Address	Tel Number

## OTHER PARTY DETAILS

Reg No.	Make & Model	Name & Address of Owner & Driver	Damage Details

## ACCIDENT DETAILS

Date of accident		Time of accident	
Place of accident			
Speed before accident (km/h)		Speed at moment of Impact (km/h)	
Weather conditions at time of accident		Visibility	
Road surface		Width of road	
State which vehicle lights were on?		Condition of street lighting	
Was any warning given by you? (e.g. Hooter)		Was Driver/s tested for alcohol or drugs?	
Description of accident			

**SKETCH OF ACCIDENT**

(If necessary use a separate page)

Please indicate clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs or warning signs in vicinity of scene of accident.

**DECLARATION**

**I hereby declare the aforementioned particulars to be true in every respect.**

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Capacity of Signatory\*

\* Please attach copy of Driver's License