

Claim no. _____



Policy No. _____

Renewal/Inception date _____

This form must be completed fully and returned immediately and, in any event, within seven working days of its receipt

Motor Vehicle Accident Claim Form

1. Insured

Name of Insured _____

Occupation _____

Contact Person _____

Telephone No. Home No. _____

Business No. _____

Mobile _____

Email _____

Broker/Agent Name _____

Telephone No _____

2. Interested Parties

Is the property being claimed for under a Financial Agreement?

Yes

No

Name of Financier _____

Telephone No _____

Email Address _____

3. Vehicle Details

Make _____

Model _____

Body Type _____

Registration Number: _____

VIN/Engine No: _____

Chassis No: _____

Motor Cycles

Was a side car attached? Yes No

Was a pavilion passenger carried? Yes No

Has the Vehicle been modified in any way? Yes No

If yes, please give details below

Modification Details _____

Additional Accessories Details _____

Who is the registered owner of the vehicle? _____

4. Driver Details

Driver's Name & Address _____

Precise Occupation _____

Date of Birth _____

Telephone _____

Licence No _____

Class _____

Date of issue _____

Where issued _____

Licence status

Learner

Restricted

Full

Overseas

Unlicenced

Licenced

Disqualified

Was the Vehicle being used with the Insured's consent? Yes No

What was the vehicle being used for? Business Private Hire

Driver's relationship to Insured? _____

How often does the driver use this Vehicle in a year? _____

Did the Driver consume any alcohol or drugs during the 12 hours before the Accident? Yes No

Was the Driver tested by the Police for alcohol or drugs? Yes No Result _____

5. Accident Details

Date of Occurrence _____ Time of Loss _____ Location _____

Accident: Describe events before, during and after the accident (include no. of lanes, speed, parked, reversing etc.)

Diagram of accident

Please provide a sketch of the accident scene and show the Vehicle(s) with the following identification.

Weather condition: Cloudy Clear Raining Day Night

Road conditions: Wet Dry Tarred Untarred

Who do you believe is at fault and why? _____

Was there any admission of responsibility for the accident? Yes No If Yes, please give details _____

Is the Vehicle driveable? Yes No Was the Vehicle towed? Yes No

Who towed the Vehicle? _____

Where can your Vehicle be inspected? _____

Please attach any 3 quotes that have been obtained.

6. Police

Have the Police been notified? Yes No

If not, state why _____

If Yes, please provide details:- Police Station _____ Date Reported _____

Reporting Officer _____ Ref. No _____

Did the Police attend the scene? Yes No

Were any charges laid or indications made of further action? Yes No

Give full details _____

7. Witnesses -

First Witness

Second Witness

	First Witness	Second Witness
Name		
Address		
Contacts		
Where was he/she at the time of accident		

8. Third Part Details

(Please complete the following if any other Vehicles were involved or other property damaged)

Make _____ Model _____ Year _____

Body Type _____ Reg No. _____ Colour _____

Other _____

Name & Address _____

Telephone No. _____ Mobile _____

Driver's Name & Address _____

Telephone No. _____ Mobile _____

Describe the damage done to the other vehicle / Property _____

Name of Third Party / Other Party's Insurance Company _____

Third Party Policy details _____

If you have received any demands or notices from anyone, please submit with Claim Form.

9. History

Have you or the driver had any insurance or renewal of insurance declined or cancelled or special conditions imposed in the last 5 years? Yes No If Yes, please give detail _____

Have you or the driver been convicted of or had any fines or penalties imposed for any criminal offence? Yes No
If Yes, please give details _____

Have you or the driver had an accident or made a claim on a motor vehicle insurance policy in the last 5 years? Yes No
If yes, please give details _____

Have you or the driver been convicted of or had any fines or penalties imposed for any driving offence (such as speeding, disobey traffic lights etc) in the last 5 years? Yes No If Yes, please give details _____

10. Privacy

As an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on +268 2508 6000 From 8.30am-5pm, Monday-Friday and advise us of the changes.

11. Declaration

I/We certify that the information given in this form is truthful, accurate and complete. 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 concealed.

I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then UGI will be unable to process my/our claim.

Signature of Insured _____ **Date** _____

Signature of Driver _____ **Date** _____

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