Custodian

CUSTODIAN AND ALLIED INSURANCE LTD

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MOTOR ACCIDENT CLAIM FORM CLAIM No.....

Name of Insured			
Address			
Policy Number		**Telephone Number**	
D.O.B.		**E-mail address**	
Place of Birth		**Gender**	
Occupation		**Mother's Maiden Name**	
Next of Kin's Name		**Next of Kin's Phone Number**	

INSURED VEHICLE CONCERNED IN THE ACCIDENT

Vehicle Make/Year	**Reg. Number**	**Chassis Number**	**What category of license**	**For what purpose was the vehicle being used?**

If claim is under a Motor Traders Policy, give Name and Address of Owner of vehicle .....

Does Insured own more than one vehicle? ..... *If so, how many were in use on day of accident?* .....

Is vehicle (a) Owned by Insured? ..... (b) Registered in your name? .....
(c) Cover Provide .....

If vehicle is not owned by Insured, state name and address of: .....
(a) Owner .....
(b) Insurer .....

DRIVER

Name, age and address of person driving at the time of accident
Name..... Age .....
Address.....
Does he/she hold a license?..... What is its category?..... When does it Expire? .....
How long has he/she been driving (a) this type of vehicle?..... (b) any other type of vehicle? .....
State whether the person driving at the time of the accident is:
(a) The Owner..... (b) His Employee..... Or (c) Relative or Friend? .....
If employee, how long has been in the employment? .....
If owner was not driving, state whether the person driving at the time of accident owns a vehicle himself
If so, state Name and addresses of Insurers .....

CIRCUMSTANCES

Date..... **Time**..... **am/pm**.....
Was the vehicle in use with Insured's permission or authority .....
Exact location of accident .....
Road weather conditions? .....
Estimated speed of insured vehicle ..... **m.p.h** ..... **Was horn sounded or other warning given?** .....

Full description of accident (please continue on a separate sheet if necessary) .....

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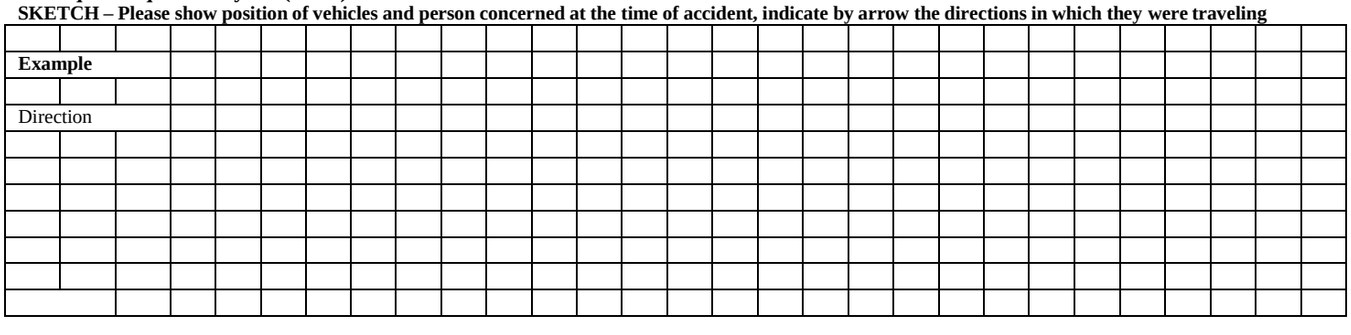
.....

One square equals one yard (3 feet)
SKETCH – Please show position of vehicles and person concerned at the time of accident, indicate by arrow the directions in which they were traveling



WITNESSES

Give names and addresses of all witnesses

Passengers in Insured's vehicle

Other Witnesses

Employees

Names and Address of conductors, apprentices and employees in vehicle

If no names of witnesses taken, please state reason

Did Police Official witness accident or take particulars? Official's no

If not, to which Police or other Authority has accident been reported?

DAMAGE TO INSURED VEHICLE

State full details of damage parts

Where can the vehicle be inspected?

Estimated cost of repair

Repairer's Name, Address, and Telephone No

WHERE THE POLICY PROVIDES INSURANCE FOR DAMAGE TO THE VEHICLE, A DETAILED ESTIMATE SHOULD BE SUBMITTED AS SOON AS POSSIBLE, BUT THE REPAIRS SHOULD NOT BE PUT IN HAND WITHOUT THE APPROVAL OF THE COMPANY UNLESS WITHIN THE LIMIT PERMITTED BY THE POLICY

THRID PARTIES INVOLVED IN THE ACCIDENT

State names and addresses of any passengers and/ or other persons sustaining injury and give nature of injury and stating exactly where they were at the time of the accident

Give the names and addresses of Owner and registered number of any vehicle concerned

Give particulars of any damage sustained by such vehicle, or any property not belonging to yourself

If notice of Third Party claim has been given, verbally or in writing give particulars

Where can the vehicle be inspected?

IF ANY WRITTEN COMMUNICATION IS RECEIVED, PLEASE FORWARD IT IMMEDIATELY UNANSWERED

I, ……declare the foregoing particulars to be true in every respect, 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 of 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……....