

Authorised Financial Services Provider - FSP NO: 20816

Motor Plant Accident/Loss Claim Form 02

Fill in application form

A. Witnesses

Name	Address
Tel no.	City
	Province
	Country
	Area Code

Name	Address
Tel no.	City
	Province
	Country
	Area Code

B. Date, Time and Place

Date

Time

Place

C. Details

Speed Before accident

Speed Moment of Impact

Weather Conditions

Visibility

Road surface

Width of road

Which vehicle lights were on?

Street lighting

Was any warning given by you e.g. hooting, indicators etc?  Yes  No

**D. Police Details**

Name of Police/Traffic Officer who recorded details of accident

Police station

Reference number

Was driver tested for alcohol or drugs?

Description of accident

**E. Sketch of accident**

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident (If necessary use separate page)

**F. Payment Details**

Name of Bank

Branch

Name of Account

Account No

**G. Declaration**

I have inspected the driver's licence and it is free of endorsement/endorsed as shown

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.**

By completing and submitting form you declare the forgoing particulars to be true in every respect

Form Completed by

Date

Signature of Driver:

Date

Signature of Insured:

Date