

MOTOR ACCIDENT CLAIM

VAT REGISTRATION NUMBER							
POLICY No.							
Insured	Name and occupation						
	Identity Number						
	Address and (day) Tel. no.						
Vehicle		Make	Tare	Gross Vehicle Mass	Kilometres completed		
	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company.	Registration Number	Value	Model and Year	Date of purchase and price paid		
	In whose name is the vehicle registered?						
	Damage						
Driver	Damage to own vehicle.						
	Estimate for repairs or attach quotation.						
	Repairer's name and address and telephone number.						
	Where can your damaged vehicle be inspected?						
	Full Name						
	Address						
	Occupation						
	Identity Number						
	Driving Licence	Number	Date	Place	Code	Full	Learner
	State fully the purpose for which the vehicle was being used.						
Was he/she driving with your permission?							
Was he/she in your employ?							
Is he/she the owner of another vehicle?							
If yes, give name of Insurer and policy number.							

Driver	Details of any convictions for motoring offences.								
	Has licence ever been endorsed?								
	Has he/she any physical defects?								
	Details of previous accidents.								
Passengers (Insured Vehicle)	Passengers In Insured Vehicle	Name		Address		Injury			
For what purpose were they carried?									
Are they employees?									
Other Party	Other Vehicles	Registration Number		Make		Name and Address of Owner and Driver		Details of damage	
	Property Other Than Vehicles	Name and address of owner				Details of damage			
	Personal Injuries (Other Than In Insured Vehicle)	Name of injured		Relationship to accident e.g. Driver, Passenger, etc.		Details of injuries		Name of Hospital (if applicable)	
Witnesses	Name,Address and Phone No.								
	Name,Address and Phone No.								

Accident	Date, Time, Place.			
	Speed?	Before accident	kph	Moment of impact
	a) Weather condition? b) Visibility?	a)		b)
	a) Road surface. b) Width of road surface?	a)		b)
	a) Which vehicle lights were on? b) Street lighting.	a)		b)
	Was any warning given by you, e.g. hooting, indicator, etc.?			
	Police details	Name of police/traffic officer who recorded details of accident	Police Station and Reference Number or Police Report	
	Was driver tested for alcohol or drugs?			
	Description Of Accident			
	Sketch Of Accident (If Necessary Use Separate Page)	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.		
License Inspected	I have inspected the driver's license and it is free of endorsements/endorsed as shown. Please attach copies of driver's license and page 1 of driver's identity document.			
	Signature: _____ Capacity: _____			
Declaration	We hereby declare the foregoing particulars to be true and complete in every respect.			
	Signature of Driver: _____ Date: _____			
	Signature of Insured: _____ Capacity: _____ Date: _____			

N.B. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand.



For more information:

Hollard Insure: (+267) 395 8023 servicecentre@hollard.co.bw