

MOTOR VEHICLE CLAIM FORM

LOSS

Date _____
Location _____
City/Town _____ Postcode _____
Police Force Involved _____ Violation Issued _____

DESCRIPTION OF ACCIDENT

INSURED VEHICLE

Year _____ Make _____ Model _____
V.I.N. _____ Plate _____
Extent of Damages _____
Present Location _____
Driver _____
Date of Birth _____ Driver No. _____ Country _____

OTHER VEHICLE

Year _____ Make _____ Model _____
Extent of Damages _____
Owner _____ Phone _____
Address _____
City/Town _____ Country _____ Postcode _____
Date of Birth _____ Driver No. _____

Insurance Information

Company Name _____ Policy No. _____
Broker Name _____ Phone _____

INJURED

Name _____ Phone _____
Address _____
City/Town _____ Country _____ Postcode _____
Extent of Injury _____

WITNESSES

Name _____ Phone _____
Address _____
City/Town _____ Country _____ Postcode _____

IMPACT

Is damaged motor vehicle essential to business? _____
How? _____

(OVER FOR INSTRUCTIONS TO INSURED)

INSTRUCTIONS TO INSURED:

CUSTOMISE TO MEET YOUR SPECIFIC POLICIES AND REQUIREMENTS

If still on the scene:

1. Contact police.
2. Obtain information about other people involved in the accident or anyone who may have witnessed the accident.
 - Name
 - Address
 - Phone number
 - Insurance carrier
 - Policy number
 - Etc.
3. Take photos of the accident, if camera available.
4. Have vehicle towed if unable to drive.

If not on the scene:

1. Obtain two estimates for repair if vehicle can be driven.
2. The loss adjuster will either approve one of these two estimates or send an appraiser to see the vehicle.
3. The loss adjuster will deal directly with the other people involved in the accident; you should not deal with them yourself.
4. The insurance company will contact you within 48 hours.
 - If there is any reason that you need to be contacted immediately, please let us know.