



Registered FSP No 17607

ALL QUESTIONS MUST BE ANSWERED
MOTOR ACCIDENT CLAIM FORM

INSURER	CENTRIQ INSURANCE COMPANY LTD		POLICY NO: _____
Insured			
Tel. No.			
Insured's Address (Physical)			
Truck Tractor Make & Model	<u>Reg.No.</u> _____ <u>Value</u> _____	<u>Gross Vehicle Mass</u> _____ <u>Year Model</u> _____	<u>Kilometers Completed</u> _____ <u>Date of Purchase</u> _____
Trailer 1 Make & Model	<u>Reg.No.</u> _____	<u>Year Model</u> _____	<u>Date of Purchase/Value</u> _____
Trailer 2 Make & Model	<u>Reg.No.</u> _____	<u>Year Model</u> _____	<u>Date of Purchase/Value</u> _____
Finance Details			
In whose name is the Vehicles registered?			
Is there damage to the insured vehicle?			
Estimate for repairs or attach quotation			
Repairer's name Telephone number			
Where can your damaged vehicle be inspected?			
Full names of Driver at the time of the incident?			
Identity Number			
Driver's PrDP Expiry Date			
Driver's Licence Number & Code			
State fully the purpose for which the vehicle was being used			

Was he/she driving with your permission?				
Was he/she in your employ?				
Details of any convictions for monitoring offences				
Has the driver's license ever been endorsed?				
Has the driver any physical defects?				
		Name & Address		Injuries
PASSENGERS IN INSURED VEHICLE				
GOODS TRANSPORTED				
Supply copy of Waybill confirming weight carried				
FULL DETAILS OF OTHER VEHICLES INVOLVED IN ACCIDENT	Registration nr.	Make	Name & Address of owner & driver	Description of damage
PROPERTY OTHER THAN VEHICLES	Name & Address of owner			Description of damages
PERSONAL INJURIES (OTHER THAN THOSE IN INSURED VEHICLE)	Name of Injured person	Relationship to Driver	Details of Injuries	Name of Hospital if applicable
Name, address and telephone number of witnesses				
Date, time and place of accident		<u>Date</u>	<u>Time</u>	<u>Place</u>
Speed		<u>Before accident</u>		<u>Moment of Impact</u>
a) Weather conditions b) Visibility		a)		b)
a) Road surface b) Width of road		a)		b)
a) Which vehicle lights were on b) Street lighting		a)		b)
Was any warning given by you e.g. hooting, indicators etc.?				
Police Details		<u>Police Station</u>		<u>Case number</u>

Was driver tested for alcohol or drugs?	
---	--

DESCRIPTION OF ACCIDENT	

<p style="text-align: center;">SKETCH OF ACCIDENT</p> <p style="text-align: center;">(If necessary use separate page) Please show clearly the point of impact and indicate the direction of travel by arrows.</p> <p style="text-align: center;">Give details of any road safety signs or warning signs in vicinity of scene of accident..</p>	
--	--

I have inspected the driver's license and it is free of endorsements/endorsed as shown.._____Y/N

DRIVERS STATEMENT (If necessary, use separate page)	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Signature of Driver	Date
---------------------	------

We hereby declare the foregoing particulars to be true in every respect.

.....

Signature of Insured Capacity Date