



Champions Insurance Company (Private) Limited

Motor Accident Claim Form

INSURED Name.....Policy Number.....
Business/Home Address.....Telephone Number.....
.....email address.....
Contact Person.....Cell Number.....

MOTOR Make and Model.....Year.....

VEHICLE Registration Number.....Mileage.....

DETAILS Name of Driver.....Date of Birth.....

Address of Driver.....

Driver's Licence Number.....Date of issue.....Classes.....

(Note - A photocopy of the Drivers must be submitted with claim form)

Endorsements (if any).....Reason for Endorsement.....

For what purpose was the vehicle being used?.....

TIME AND Date of Accident.....Time.....

PLACE OF Describe weather conditions.....

ACCIDENT Where did the accident happen?.....

Describe roadway and its condition.....

DESCRIPTION Who authorised the use of the vehicle?.....

OF Direction your vehicle was going.....

ACCIDENT What side of the road?.....What was your speed?.....

If you collided with another vehicle what direction was it travelling in?.....

.....What was the condition of your brakes?.....

Did the Police attend?.....Which Station attended?.....

If the Police did not attend have you reported the accident to the Police and if so

which Station?.....What is the TAB Number.....



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Details of Persons in your vehicle -

<u>Name</u>	<u>Address</u>	<u>Age</u>	<u>Relationship</u>
.....
.....
.....
.....

PERSONS INJURED	<u>Name</u>	<u>Address</u>	<u>Extent of Injuries</u>

DAMAGE TO PROPERTY OF OTHERS Name of Owner.....
 Address.....
 Kind of Property and Extent of Damage?.....
 If a Motor vehicle what type?.....Registration No.....
 Does he/she have insurance?.....With whom?.....

NAMES AND ADDRESSES OF WITNESSES (IMPORTANT) Whenever possible please obtain names and addresses of witnesses, bystanders or persons in the immediate vicinity who may have seen the accident or heard statements made by any of the persons involved

	<u>Names</u>	<u>Address</u>

DAMAGE TO YOUR VEHICLE Parts damaged and extent.....
 Who caused the damage?.....
 Address of person who caused the damage.....
 Is the person insured?.....Name of Insurer?.....



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Where can the vehicle be seen?.....

DRIVER'S Driver's statement of what happened is as follows -

ACCOUNT OF

ACCIDENT

OR LOSS

.....

.....

.....

.....

.....

I declare the above statement to be true and correct to the best of my knowledge and belief.

Date _____ Signature of Driver _____

DIAGRAM OF ACCIDENT

↑
NORTH

Give Street Names, Direction and Location of Objects concerned

STATEMENT I/We declare the above particulars to be correct and that I have not withheld any material information which would affect the acceptance of my/our claim by the

BY Insurers

INSURED

Date _____ Signature of Insured _____