

**PART 1** DETAILS OF POLICY/POLICYHOLDER

Full Name of Insured \_\_\_\_\_ Policy No. \_\_\_\_\_

Residential Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Nos. (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Occupation \_\_\_\_\_

Licence Number	Licence Class	Issue Date (DD/MM/YY)	Expiry Date (DD/MM/YY)	Date of Birth (DD/MM/YY)

**PART 2** DETAILS OF DRIVER/RIDER AT THE TIME OF THE ACCIDENT ( as above)

Full Name \_\_\_\_\_

Street Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Nos. (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Date of Birth (DD/MM/YY) \_\_\_\_\_ Are you the owner of the vehicle?  Yes  No

If Yes, please provide details: \_\_\_\_\_

If No, what is your relationship with the owner? \_\_\_\_\_

Under what circumstances did you obtain the vehicle? \_\_\_\_\_

Licence Number	Licence Class	Issue Date (DD/MM/YY)	Expiry Date (DD/MM/YY)	Date of Birth (DD/MM/YY)

**PART 3** DETAILS OF VEHICLE/INCIDENT

Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Registration No. \_\_\_\_\_

Was there any unrepaired damage prior to the incident?  Yes  No

Date of Incident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Detailed Description of Incident (to be completed by Driver): \_\_\_\_\_

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**PART 4** DECLARATION BY THE CLAIMANT

I/We hereby understand that the Company reserves the right to decline any claim reported outside the claim notification period. I certify that the above statements and the information given are true to the best of my knowledge and belief.

Owner's Name \_\_\_\_\_ Owner's Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Name \_\_\_\_\_ Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_