



CELL INSURANCE

MOTOR CLAIM FORM

Please complete in block letters & tick where applicable

Supporting documents required to process claim
 (a) Copy of driver's license (b) A police report (c) Details of the third party if any
 (d) Details of the third party if any (e) At least 3 repaid quotations from a reputable garage

SECTION I: INSURED'S DETAILS

Name of insured:

Physical address:

Postal address:

Telephone Number:

Mobile Number:

SECTION II: DETAILS OF LOSS

Address where loss occurred:

When did the loss / damage occur:

Name of driver at time of loss

Is driver: Owner Owner's Employee Owner's Relative / FriendIf (B) or (C), did you authorise the journey? Yes No

State, fully, what the vehicle was being used for:

Vehicle type:

Registration No.:

Makers No.:

Class of vehicle:

Registration No.:

Makers No.:

Has the driver been convicted of a driving offence? Yes No

If yes, give brief details and dates:

Has the driver's license been endorsed? Yes No

If there is a hire purchase or other agreement, how much is outstanding? \$


If a motorcycle, was a side car attached? Yes NoWas there a pillion passenger? Yes No

SECTION III: CIRCUMSTANCES OF ACCIDENT / LOSS / DAMAGE

Date: Time: AM PM Place:What was your speed? (km/hr): Was any warning given by you e.g. Hooping, indicating? Yes NoDescribe weather conditions: Visibility: Road surface:

Description of accident / theft:

Draw a sketch of accident



NORTH

Full extent of damage

Place where damaged vehicle can be seen:

Have you given instructions for repairs to be done? Yes No

Estimated cost of repairs: \$

If tyres were damaged or stolen state make and mileage done:

SECTION IV: INJURIES TO OCCUPANTS OF THE VEHICLE

Where the passengers being carried in / on your vehicle for hire or reward? Yes No

Was any injury sustained by the driver or passenger in your vehicle? Yes No

If yes, give details of injuries and names of injured person and hospital conveyed to if applicable.

Are any of the passengers in the vehicle your employee? Yes No

SECTION V: DETAILS OF THIRD PARTIES

Name:

Address:

Contact numbers: Vehicle registration number:

Full extent of personal injury and / or damage to property:

Has notice of any claim been given to you? Yes No

SECTION VI: WITNESSES

Name and address of your passengers:

Give details of fault made by witness or drivers if any:

Name of police station case reported to:

Was driver tested for alcohol or drugs? Give details:

DECLARATION

I / we declare to the best of my / our knowledge and believe the information given is true and undertake to render the Company any assistance in dealing with this matter until it is resolved.

Signature: SIGN HERE

Date: dd/mm/yyyy