



MOTOR CLAIM FORM

[DELETE SECTIONS NOT APPLICABLE]

1. MEMBER	Name _____ Tel No (H) _____ (W) _____ (Cell) _____ Home Address _____ Fax _____ Business Address _____ E-Mail _____
2. VEHICLE & DRIVER	Make & Model _____ Reg No _____ Year & Manufacturer _____ Driver's Name _____ Drivers Age _____ Vehicle Mileage _____ Driver Licence No _____ (attach certified copy)
3. DATE TIME & PLACE OF ACCIDENT OR LOSS	Date of Accident ____ / ____ /20 ____ Place _____ Time _____ Describe Weather Conditions _____ Speed @Impact _____ Describe Roadway & it's condition _____ To which Police Station was report made _____ Police Ref No _____ Name & Force No of Officer _____ Was the driver of your vehicle charged for any offence _____ if YES, what charge _____ Has an admission of guilt been signed by any Driver? Yes / No if YES, what offense _____
4. DRIVER ACCOUNT OF INCIDENT	_____ _____ _____ _____ _____ _____ Drivers Signature _____
5. SKETCH OF ACCIDENT	
6. DAMAGE TO OWN VEHICLE	Describe extent and position of damage _____ _____ Where can your damaged vehicle be inspected? _____ Estimate for repairs (2 quotes required) US\$ _____

MOTOR CLAIM FORM continued

7. OTHER PARTY	Name of Other Party _____ Address _____ Their Contact No (H) _____ (W) _____ (Cell) _____ (E-Mail) _____ Did they admit to you or anybody else? Yes/ No If YES, who? _____ Damage to their car _____ _____ _____
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8. NAME & ADDRESS OF WITNESSES	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name/s</td> <td style="width:30%;">Address</td> <td style="width:20%;">Contact No</td> <td style="width:20%;">Email Addresses</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name/s	Address	Contact No	Email Addresses	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
Name/s	Address	Contact No	Email Addresses														
_____	_____	_____	_____														
_____	_____	_____	_____														
_____	_____	_____	_____														

9. OTHER PEOPLE IN VEHICLE	Name _____ Address _____ Name _____ Address _____ Name _____ Address _____
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10. DAMAGE TO PROPERTY OF OTHER PERSONS	Name of Owner _____ Address _____ Kind of Property _____ If Motor Vehicle - State Make _____ Registration No _____ Estimate Cost of Repair _____ Has a claim been made against you? _____ Is the Third Party insured _____ Give insurers Names if Known _____ If the other person's property was a motor vehicle how many passengers were in the vehicle? _____
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11. PERSONS INJURED OR DECEASED	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:20%;">Name</th> <th style="width:20%;">Address</th> <th style="width:10%;">Age</th> <th style="width:10%;">Related to Member</th> <th style="width:10%;">Occupant of Member's Car</th> <th style="width:10%;">Occupant of Other Car</th> <th style="width:10%;">Pedestrian</th> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Name	Address	Age	Related to Member	Occupant of Member's Car	Occupant of Other Car	Pedestrian	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____																							
_____	_____	_____	_____	_____	_____	_____																							

I declare all information herein to be true and correct to the best of my knowledge and belief.

Name in full _____ Designation _____

Signature _____ Date _____

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:

Bank Name _____ Branch _____ Acc Name _____ Acc No _____

Signature _____ (FOR OFFICE USE) CHECKED BY _____

VITACAP LIMITED - FOR OFFICIAL USE ONLY Estimate for repairs (2 quotes required) US\$ _____

CONSULTANT _____ MEMBERSHIP NO _____

EFFECTIVE DATE OF COVER _____ RENEWAL DATE _____ SUM INSURED _____

ESTIMATE _____ EXCESS _____