

CHAMPIONS INSURANCE COMPANY (PRIVATE) LIMITED

MOTOR INSURANCE CLAIM FORM

The issue of this does not constitute an admission of liability by the company

NAME OF INSURED:.....POLICY NO.....

ADDRESS:.....

OCCUPATION:.....

TELEPHONE NO:.....

Full names of the person driving the vehicle at the time of the accident	
Driver's License No:..... (DRIVER'S LICENCE MUST BE PRODUCED)	Date and place of issue..... REMARKS
Has the driver ever been involved in any accident previously? (if so give details)	
Has the driver ever been charged or convicted of any Driving Offence? (if so, give details)	
Has the license ever been endorsed/suspended? (if so, give details)	
Vehicle make:.....Year:.....Reg. No:.....	
Date:.....Time:.....	
Place of Accident:	
Were your lights on?	Speed at the time of accident:
Weather Conditions:	
Has the driver any other Motor Insurance of his Own? (if so, with whom?)	

Was the accident reported to the Police:.....

Where?..... Police reference No:.....

Were there any injuries, if yes, give details:.....

Name and address of witnesses:.....

Name and Address of passenger(s) in your vehicle:.....

Name and address of Injured person(s).....

.....

Damage to Vehicle:.....

Repairers, name and address:.....

Telephone No:.....

Damage to Third Party vehicle:.....

Name of third Party Insurers:.....

Full description of accident:.....

.....

.....

.....

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

Signature of Insured.....

Date:.....

Signature of driver.....

Date:.....

Give a rough sketch plan of Accident:

NOTE: AT LEAST THREE REPAIRERS' ESTIMATES SHOULD, IF POSSIBLE, ACCOMPANY THIS FORM.