



SPECTRUM
Since 1976

MOTOR ACCIDENT CLAIM

Insurance Company

Policy number

INSURED

Name ID No Phone No
Address

VEHICLE

Make and Model Year Kilos
Registration Number In whose name is the vehicle registered ?
Is vehicle financed ? Finance Company Name

DAMAGE

Damage to own vehicle
Estimated cost of repairs (attach quotation) Where can the vehicle be inspected ?
Contact no.

DRIVER

Full name ID No. Occupation
Drivers License No Date Place Code
Any Endorsements ? Details, if applicable
For what purpose was the vehicle being used ? Was he / she driving with your permission ?
Was he / she employed by you ? Was the driver tested for alcohol ?

PASSENGERS

Passengers in insured vehicle

Name Injury
Address
Name Injury
Address
For what purpose were they carried ? Are they employees ?

OTHER PARTY

Name Address
Telephone Vehicle make Registration No.
Insurance details Other info

If there are possible injuries, you must complete a Special Accident Report within 14 days or you could be legally liable

MOTOR ACCIDENT CLAIM

OTHER PARTY

Damage to vehicle

Estimated cost

Where can vehicle be inspected ?

Contact number

Damage to property other than motor vehicles

Property

Details of damage

Name of owner

Address

Personal Injuries to other parties

Name

Details of injuries

WITNESSES

Name

Telephone

Address

Name

Telephone

Address

ACCIDENT

Date

Time

Place

Weather conditions

Visibility

Speed

Road surface

Street lighting

Warning given by you (hooting)

Police Case Number

Police Station

Police officer

Description of accident

Sketch of accident (Show clearly the point of impact and details of road safety signs / traffic lights)

DECLARATION

We hereby declare that all the details in this document are true and correct .

Driver signature

Insured signature

Date