



SIC INSURANCE COMPANY LIMITED

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MOTOR CLAIM FORM

**THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM
IF YOU RECEIVE ANY COMMUNICATIONS ABOUT THIS ACCIDENT, PLEASE DO NOT ANSWER THEM BUT
SEND THEM AT ONCE TO THE COMPANY AND PLEASE DO NOT ADMIT THAT YOUR DRIVER WAS AT FAULT;
OR YOU ARE LIABLE FOR THE ACCIDENT**

**THIS FORM IS TO BE COMPLETED BY VEHICLE OWNER AND/OR DRIVER
IF THE DRIVER IS CHARGED BY THE POLICE THE COMPANY SHOULD BE ADVISED IMMEDIATELY**

Name of Insured..... Policy Number.....
Business Address..... Date of payment of the last premium.....
..... Telephone Numbers: Office.....
Business or Occupation..... Residence.....

1. Please give the following information about your vehicle:

- (a) Make..... C.C.....Colour.....Registration Number.....
- (b) For what Purpose the vehicle being used at the time of accident?
- (c) If being used by someone other than the Insured, had user obtained the Insured’s consent?
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- (d) Were goods or samples being carried?.....
- (e) Commercial vehicles only: A, B or C. Licence..... Unladen Weight.....
Carrying capacity..... Weight of the load.....

2. Give full details of the person driving or if not driving had charge of your vehicle at the time of accident:

- (a) Name..... (b) Age.....
- (c) Address.....
- (d) Driving Licence Number.....(e) Date of his first licence.....
- (f) Date he passed driving test.....(g) Is he your permanent driver?.....
- (i) How long has he been in your service?.....

- (j) Has he ever been
 - (i) refused any motor vehicle insurance?.....
 - (ii) convicted of any motoring offence?.....

- (k) If relative or friend of yours was driving, please give his occupation.....
- (l) Does he/she own a vehicle?..... (m) If so, and he/she is insured, please give the Insurance company.....

3. Please give the following information about the accident:

- (a) When did it happen? Time and Date.....
- (b) Where did it happen?.....
- (c) If it happened after lighting-up time, which lamps on your vehicle were lit?.....
- (d) At what speed was your vehicle travelling?.....Kilometres per hour
- (e) Was the horn sounded?.....
- (f) If your vehicle was on the near side of the road, how far from this kerb was it?.....
- (g) If it was not on the side, where was it?.....
- (h) Do you think that
 - (i) your driver was to blame?.....
 - (ii) some other person was to blame?.....
- (i) If so, please give the name, address and occupation of that person.....

4.

SKETCHES

Please draw sketches below showing (i) the direction of the vehicles, with arrows (ii) the point of the impact, with a cross (iii) any marks on the road (iv) any measurement (v) any traffic signs

BEFORE THE ACCIDENT

AFTER THE ACCIDENT

5. (a) What is the Damage to your vehicle?.....
.....

(b) Where is it at present?.....

If your vehicle is comprehensively insured, please attach estimate of cost repairs.....

6. (a) Please give the name and address of the owner of any other vehicle concerned
.....

(b) Was there any damage to other vehicle and property?
.....

(c) If so, please describe the property.....

Name and address of the owner.....
.....

7. Damage to property.....
.....
.....

(a) Was any one injured..... (b) If so, please give.....

Name and Address

Injuries

8. (a) Has any claim been made upon you?..... (b) If so, by whom?.....

9. (a) Did the police (i) witness the accident?..... (ii) Take any evidence or particulars?.....

(b) Did your driver give a signed statement to the police?.....

(c) Please give the name of the Police Station.....

(d) Please give the name and address of any witness.....

(e) Passenger in your vehicle.....
.....
.....

(iii) Others.....
.....

DECLARATION

I/We declare that the foregoing answers are true and complete and I/we hold no other policy indemnifying me/us in respect of this claim.

I/We request you to deal on my/our behalf with the third party claims arising herein, in accordance with the terms and conditions of the above-mentioned policy, and I/we authorise you and your solicitors on my/our behalf to make such admissions and settlements and give consent as you may consider necessary for the disposal of such claims and litigation arising there from.

Date.....

Driver's Signature.....

Date.....

Insured's Signature.....