



CLAIM FORM *Motor Vehicle*

Please answer all questions in full, using the spaces provided as well as additional pages as required.

Insured Name (as per policy)

Phone Number

Email

Vehicle Make

Vehicle Model

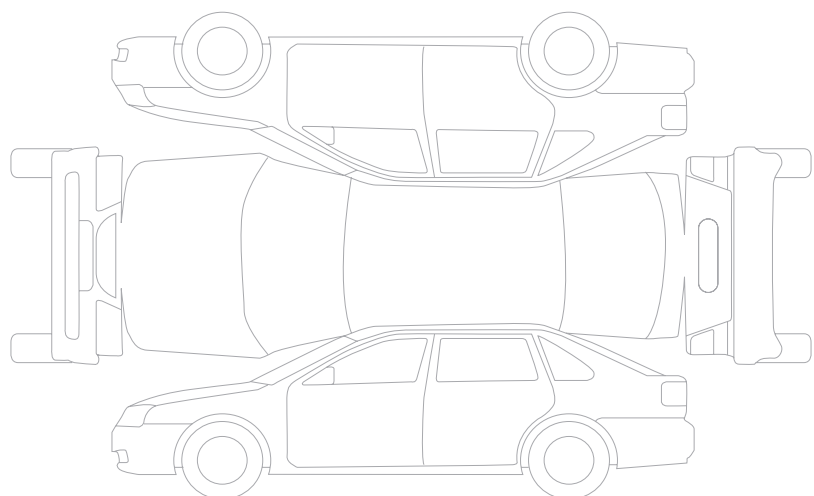
Registration

Date of Loss, Theft or Damage

Time of Loss, Theft or Damage

Location of Loss, Theft or Damage

Accident Description and Extent of Damage



Driver Details

Name

Address

License Number

Date of Birth

 / /

Drugs/Alcohol within 24 hours?

Yes

No

Third Party Owner Details (if applicable)

Name

Address

License Number

Registration Number

Insurer

Contact Number

Police Details (if applicable)

Case Number & Details

Witness Details (if applicable)

Name

Address

Contact Number

Vehicle

Towed/Driveable

Location of Vehicle

Signature

Date

 / /

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