

Policy number	
---------------	--

MOTOR ACCIDENT CLAIMS FORM

SECTION 1: INSURED													
Name & surname:													
Identity number:													
Occupation:													
Address:													
Telephone:	home:						work:				cell:		
E-mail address:													

SECTION 2: VEHICLE													
Make:													
Registration:													
Model:													
Year:													

SECTION 3: DAMAGE													
Repairer: Name, address & tel:													
Damage to Own vehicle:													
Is your vehicle under warranty?	Yes		No										
Is your vehicle under motor plan?	Yes		No										
Current location of your vehicle:													

SECTION 4: DRIVER													
Name & surname:													
Identity number:													
Occupation:													
Address:													
Telephone:	home:						work:				cell:		
E-mail address:													
State purpose for which vehicle was being used:													
Was he/she driving with permission?								Yes		No			
Has license ever been endorsed?								Yes		No			
Has he/she any physical defects?								Yes		No			
Driving license:	Date of first issue:												
	Code:												

SECTION 5: PASSENGER (INSURED VEHICLE)									
Name & surname:									
Address:									
Injury:	Yes		No						
Name & surname:									
Address:									
Injury:	Yes		No						

SECTION 6: OTHER PARTY: DAMAGE TO OTHER VEHICLES / PROPERTY									
NB: Please notify the Insurers immediately if you become aware of any impending prosecution, inquest or demand!									
Name & surname 1:	owner and driver:								
Identity number:									
Occupation:									
Address:									
Telephone:	home:					work:			
Vehicle:	make:					registration:			
Details of damage:									
Insurance details:									

Name & surname 2:	owner and driver:								
Identity number:									
Occupation:									
Address:									
Telephone:	home:					work:			
Vehicle:	make:					registration:			
Details of damage:									
Insurance details:									

Name & surname 3:	owner and driver:								
Identity number:									
Occupation:									
Address:									
Telephone:	home:					work:			
Vehicle:	make:					registration:			
Details of damage:									
Insurance details:									

SECTION 7: WITNESSES	
Name & surname:	
Name & surname:	
Name & surname:	

SECTION 8: ACCIDENT									
Date:					Police station:				
Time:					Reference no:				
Place:					Police officer:				
Was driver tested for alcohol or drugs:	Yes		No						
Speed traveling:	Before accident: (km/h)						At impact: (km/h)		
Weather conditions:									
Visibility:									
Road surface:	Tar:		Gravel:		Off-road:				
Description of accident:									
Sketch of accident:									

I / we declare that to the best of my/our knowledge the above information is true in every aspect.				
NB	I acknowledge that should I elect to use a non-manufacturer approved repairer I release Momentum Insure (MI) from any liability which could arise as a result of any defective workmanship. I acknowledge further that I may lose my manufacturer's warranty and or maintenance plan that may exist on my vehicle.			
Signature of driver	Capacity	Date	Signature of insured	Date

