

Motor Accident Claim Form

(Delete Sections not applicable)

Botswana

Insurance Company Limited

POLICY NO.

INSURED	Name and Occupation				
	Address and Tel. No.				
VEHICLE	If Vehicle subject to a Hire Purchase, Credit or Leasing Agreement. State name and address of finance Company	Make	Finance Company	Gross Vehicle Mass	Kilometers completed
		Registration	Value	Model and Year	Date of purchase and price paid
DAMAGE	Damage to own vehicle				
	Estimate for repairs or attach quotation.				
	Repairer's name, address and telephone number.				
	Where can your damaged vehicle be inspected?				
DRIVER	Full Name				
	Address				
			Tel. No.		
	Occupation and date of birth				
	Driver's Licence	No.	Date Issued	Place	Code
	State fully the purpose for which the vehicle was being used.				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Has he/she any motor insurance on own car? If yes, state policy no. and Company.				
	Details of any convictions for motoring offences				
	Has licence ever been endorsed?				
Does he/she have any physical defects?					
Details of previous accidents					
PASSENGERS <small>(Insured vehicle)</small>	PASSENGERS INJURED	Name	Address	Injury	
	For what purpose were they being transported?				
Are they employees?					
OTHER PARTY	DAMAGE TO OTHER VEHICLES	Registration No.	Make	Name and address of owner and driver	Details of damage
	DAMAGE TO PROPERTY OTHER THAN VEHICLES	Name and address of owner		Details of damage	
PERSONAL INJURIES	Name of injured	Relationship to insured e.g. driver, passenger etc.	Details of injuries	Name of hospital if applicable	

WITNESS	Name, Address and Tel. No.			

THEFT	Date, time and place of theft	Date	Time	Place
	Was the vehicle left locked?			
	Who is now in possession of the keys?			
	Police station and reference no.			
	Vehicle engine and chasis no.	Engine	Chasis no.	Colour of vehicle
	If accessories stolen provide full details			

ACCIDENT	Date, Time, Place of accident	Date	Time	Place	
	Speed	Before accident	kph	Moment of impact	
	a) Weather conditions b) Visibility	a)		b)	
	a) Road surfaces b) Width of road	a)		b)	
	a) Which vehicle lights were on? b) Street lighting	a)		b)	
	Was any warning given to you? e.g. hooting, indicator etc?	Yes / No	Please specify		
	Police Details	Name of Police/Traffic officer who recorded details of accident.		Police Station and Reference No.	
	Was driver tested for alcohol?	Yes/No	Result of test		
	DESCRIPTION OF ACCIDENT				

SKETCH OF ACCIDENT (If necessary use separate page)	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident.

CESSION	I hereby assign, transfer and cede to the insurer any and all claims or causes of action of whatsoever kind and nature which I now have, or may hereafter have, to recover against any person or persons as a result of the said occurrence and loss above - described. Also to recover on my behalf from such persons, my excess payment made as a result of the said occurrence. I agree that the insurer may enforce the same in such manner as shall be necessary or appropriate for the use and benefit of the insurer, either in its own name or in mine. I will furnish such papers, information, or evidence as shall be within my possession or control for the purpose of enforcing such claim, demand, or cause of action.
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DECLARATION	I/We hereby declare the foregoing particulars to be true in every respect
	Signature of Driver Date
	Signature of the Insured Capacity Date
	N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.