

THE RESULT OF THE ACCIDENT

7. Policyholder's Own Vehicle

Give full particulars of damage (if any) to your Motor Vehicle

Where can the Vehicle be inspected if necessary?

Have you obtained an estimate for repairs? If so, from whom and for how much?

. If not, what do you consider approximate cost?

If you are claiming in respect of damaged tyres, state Make Size Type

When purchased Approximate mileage done Has it been retreaded? When?

8. Vehicle or Property of others

Name and address of owner

Description of damage

If Vehicle, name and address of driver

Registration No. of Vehicle and make

Name and address of any other party involved

Name and address of Insurers

Has any claim been made upon you? If so, by whom

9. Death or Personal Injury sustained in Accident

State whether Driver, Passenger or any Third Party:

Name	Address	Nature of Injury
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State if removed to a hospital, and if detained

Has any claim been made upon you in respect of personal injuries? If so, by whom

10. In all Cases of Theft of Vehicle

Please give the following particulars: Engine No. Colour of Body

Special distinguishing features

Police notified at a.m. / p.m. on at Station

11. Witnesses

Names and addresses of the Independent Witnesses of the Occurrence	Names and addresses of Persons in the Policyholder's Vehicle other than the Driver. (State if injuries sustained by any such person, and, if so, the nature thereof.)
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Note: It is of the utmost importance always to obtain the Names and Addresses of all Witnesses, whether you consider you are at fault or not.

I/We hereby declare the foregoing particulars to be true in every respect.

Date Assured's Signature

N.B. ALL COMMUNICATIONS RECEIVED FROM OR ON BEHALF OF ANY CLAIMANT MUST BE FORWARDED IMMEDIATELY UNANSWERED. UNDER NO CIRCUMSTANCES MUST LIABILITY BE ADMITTED BY INSURED.