

Motor Vehicle claim form

Use this form when making a claim for a car or motorbike with us.



Policyholder details

Personal details

First name(s)								
Last name								
Date of birth	d	d	m	m	y	y	y	y

Contact details

Home phone				Work phone			
Facsimile				Mobile			
Email							

Postal address

Street address or Box number						
Suburb						
Town or city				Post code		

Interested party

Is there any money owing on this vehicle? Yes No

If yes, please provide details

Please note

Issue of this form does not constitute an admission of TOWER Insurance liability.

Your vehicle

Vehicle details

Year			Make			Model		
Registration number								
Engine number								
No. of passengers			Or weight of load					

Certificate of fitness

Yes No

Issued by								
Date of issue	d	d	m	m	y	y	y	y
Date of expiry	d	d	m	m	y	y	y	y

Purpose of use at time of accident

--	--	--	--	--	--	--	--

Who is the vehicle registered to?

--	--	--	--	--	--	--	--

Do you hold another motor vehicle policy covering you in respect of this accident? Yes No

Particulars required

Has the vehicle been modified in any way? Yes No

If yes, give details

The driver or person in charge of the vehicle

Please complete if driver was not the policyholder.

Personal details

First name(s)								
Last name								
Date of birth	d	d	m	m	y	y	y	y

Postal address

Street address or Box number						
Suburb						
Town or city				Post code		

Occupation

--	--	--	--	--	--	--	--

Licence number

Date of issue	d	d	m	m	y	y	y	y

Type of licence at time of accident Full Restricted Learners

Date of expiry	d	d	m	m	y	y	y	y
----------------	---	---	---	---	---	---	---	---

Was the vehicle being driven with the owners knowledge and consent? Yes No

Has the drivers licence been endorsed or suspended? Yes No

If yes, please provide details

Is the driver the owner, employee, relation and/or friend of the policyholder? Yes No

Has the driver had an insurance policy cancelled or declined? Yes No

Has the driver had an excess or increased premium imposed? Yes No

Has the driver been charged or convicted of any criminal or travel offences? (not including parking) Yes No

Has the driver taken any medication in the 24 hours prior to the accident? Yes No

What amount of liquor was consumed by the driver during the 12 hours preceding the accident, including when and where?

Was a breathalyser, or blood test, or other test required? Yes No

Please advise if police action has been threatened in connection with the accident. Yes No

Please include charge and identity of person

Other person and vehicles involved in the accident

Personal details

First name(s)								
Last name								
Date of birth	d	d	m	m	y	y	y	y

Postal address

Street address or Box number			
Suburb			
Town or city		Post code	

Vehicle details

Year		Make		Model	
Registration number					

Please use separate sheet (if required) for further details.

All written communication from any other party must be forwarded immediately to us.

Please give names, addresses and phone numbers of all witnesses

Name and address of witness A of accident

Full name			
Address			
Phone number			

Name and address of witness B of accident

Full name			
Address			
Phone number			

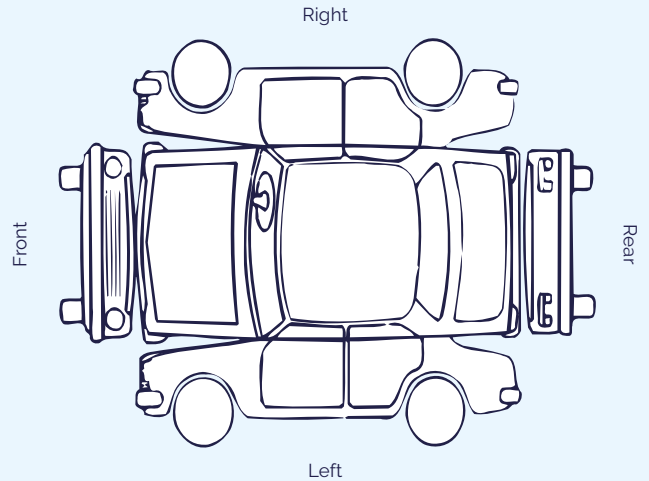
Damage to insured vehicle

Details of damage

Is the vehicle in a fit condition to drive? Yes No

Mark with an X all areas damaged on your vehicle in the accident.

Indicate direction of impact



Amount of estimate for repairs (Please attach quote if possible) Vt

Where and when can the vehicle be inspected?

Police details

Did the police attend the scene? Yes No

If not, have the police been notified of the loss? Yes No

Which police station was the loss reported to?

Is there any likelihood of police action being taken? Yes No
If yes, against whom?

--

Accident details

When was the accident?

Date	d	d	m	m	y	y	y	y
Time	h	h	m	m	<input type="radio"/> a.m.	<input type="radio"/> p.m.		

Where was the accident?

Please describe where you had been and where you were going

Your speed prior to impact

	KPH
--	-----

Other party's speed prior to impact

	KPH
--	-----

Were warning signals given by either party? Yes No

Who do you consider responsible for the accident and why?

General description of the accident

State clearly conversation between you and the other drivers

Please make a rough plan of the road showing distance and positions of all vehicles and persons concerned. Use arrows to show the direction they were travelling. Your vehicle to be marked (a) and other parties (b), (c) and so on, with point of impact shown.

If required please use separate sheet

--

Declaration

Please read this carefully before signing

- I/We declare the information in this document to be true and correct. The completion and signing of this document is a claim on the company and not only a notice of accident.
- I/We further acknowledge that any untruth, misrepresentation or suppression by or on behalf of me/us in any declaration or statement in support of the claim make the policy void and the premium forfeitable.
- I/We authorise TOWER to obtain personal information about me/us from any other party and to release information relating to this claim to other parties.

Signatures

Insured signature(s)	

Date	d	d	m	m	y	y	y	y
------	---	---	---	---	---	---	---	---

Witness	

Date	d	d	m	m	y	y	y	y
------	---	---	---	---	---	---	---	---

OFFICE USE ONLY

Client number										
Claim number										