



Phoenix
Of Swaziland Assurance Company Ltd.
P.O. Box A113 Swazi Plaza – Corporate Place, Mbabane H101, Swaziland
Email: info@phoenixswaziland.com

MOTOR ACCIDENT CLAIM FORM

IMPORTANT NOTICE

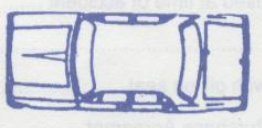
1. No liability is admitted by issue of this form
2. Neither owner nor driver may admit fault or liability for this Accident
3. Do not answer communication about this Accident
Direct these to the Insurance Company for action
4. All questions on this form must be answered
5. Repairs must not be authorized without prior authority of the Insurance Company

Insurers Claim No:

Brokers Ref. No:

Please answer all questions – Ticks and Dashes are Insufficient.

INSURED	Name..... Type of Insurance..... Occupation Policy No. Address: Date Premium Paid Tel No.Email.....
MOTOR VEHICLE:	Make Type Sum Insured..... Year of Manufacture.....CCMileage..... Registration No. Carrying Capacity if Commercial Vehicle..... Nature of Goods Carried if any.....Weight Purpose for which it was being used at time of accident If M/Cycle, state if it is equipped with pillion seat Is the Vehicle subject to a Hire Purchase Agreement If so, give the details In whose name is the vehicle registered?
DRIVER OF MOTOR VEHICLE:	Name Age Address Driving License No. Date & Place of Issue Groups covered State how long Driver has been driving motor vehicle (s) Was the driver sober?..... Was he driving with Insured’s permission?.....

<p>PARTICULARS OF ACCIDENT/ FIRE:</p>	<p>Give full details of all driving convictions, endorsements of license (if no conviction state "none") State if concerned in any previous accidents, if so, give detailsHas driver any physical defects? Is driver your direct employee? If so, in what capacity?..... Since when has driver been so employed by you? Is driver a relative or friend? if driver owns a Motor Vehicle Give the name of driver's Insurance Company Date Time Hours Place State weather and light at time of accident Speed of vehicleKm per hour..... Type of Road surface How far was your vehicle from Near side kerb or Edge of Road Width of the road: Did accident occur on straight road, Curve, junction What warning was given by Insured's driver? What warning was given by the other party?</p>
<p>OTHER PROPERTY DAMAGE</p>	<p>Owner of Property Damaged Address: Tel No. Nature of damage Has any claim been made against you? if so, by whom.....</p>
<p>DAMAGE TO OWN VEHICLE</p>	<p>State extent of damage Where can the vehicle be inspected Have any instructions been given for repairs to be put in hand? State Estimated Costs of Repairs If cover comprehensive, three detailed quotations should be attached if possible  Show area of impact by arrow (←) and extent of damage by crosses (x) on car diagram.</p>
<p>OTHER PARTY</p>	<p>Name of Driver Address If driver not owner of vehicle, give Name of Owner AddressTel No. Make of VehicleReg No. Insurance CoverCert No. Do you consider other party to blame? If so, give reasons</p>

 Damage to vehicle
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PERSONAL INJURIES: Name and Address of injured person	In whose vehicle were they traveling, if any?	Nature of injuries

WITNESS	Give Names of Witness, if no names given. State whether passenger in your vehicle.
	1. Box Telephone
	2. Box Telephone
	3. Box Telephone
	4. Box Telephone

POLICE EVIDENCE:	Did a Police Officer take particulars of Accident? If yes give his Service Number: Police Station AdvisedDate Reported:..... Was he a witness to the Accident?..... Do the Police intend to prosecute one of the Parties?..... If so, whom
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DETAILS OF OCCURRENCE:	Explain how the Accident/Fire occurred
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SKETCH	Sketch of scene of accident with names of roads and position of cars, vehicles, persons or property damage
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NOTE:	Any written notice of claim received must be passed IMMEDIATELY to the Company UNANSWERED.
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DECLARATION:

I/We hereby declare the foregoing particulars to be true to the best of My/Our knowledge
I/We undertake to render the Company all possible assistance in dealing with this matter
and further declare that I/We have

not made admission of liability to any Third Party. I/We acknowledge that the Company
shall be entitled without reference to me to engage and

instruct such repairs as its discretion may decide to repair or reinstate the Insured vehicle.

I further agreed to pay the Repairs/Insurers the Excess (if any) applicable to this claim.

Signature of Insured: Date:.....

If Limited Company give status of signatory and affix Office Stamp

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TICK

CHECKLIST

Driving License

Three repair estimates

Police Report

All correspondence from Third Parties

Certificate of Insurance/Cover Note

Blue Book