

TO AVOID DELAYS AND INCONVENIENCE PLEASE ANSWER ALL QUESTIONS WHERE APPLICABLE.
A. PARTICULARS OF INSURED

NAME OF INSURED:		POLICY NO.:
ADDRESS:		
HOME NO.:	WORK NO.:	CELL NO.:
EMPLOYER:		
E-MAIL ADDRESS:		MARITAL STATUS:
BUSINESS ADDRESS:		
OCCUPATION:		

B. PARTICULARS OF VEHICLE

YEAR:	MAKE:	MODEL:	BODY TYPE:
REG NO.:	CHASSIS NO.:		
ENGINE NO.:			
WAS THERE ANY UNREPAIRED DAMAGE PRIOR TO LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, GIVE DETAILS:			
NAME AND ADDRESS OF BANK OR COMPANY WITH A FINANCIAL INTEREST IN THE VEHICLE:			

C. PARTICULARS OF USE

STATE FULLY THE USE OF THE VEHICLE AT THE TIME OF THE ACCIDENT?	
WAS THE DRIVER ACTING WITHIN THE SCOPE OF HIS AUTHORITY AND WITH YOUR KNOWLEDGE AND CONSENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW MANY PASSENGERS WERE IN THE VEHICLE?	WERE THEY CHARGED A FEE TO BE TRANSPORTED? <input type="checkbox"/> YES <input type="checkbox"/> NO
WERE GOODS BEING CARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, STATE TYPE OF GOODS:	

D. PARTICULARS OF DRIVER

WAS INSURED DRIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, CONTINUE TO PART E		
FULL NAME OF DRIVER:	PHONE NO.:	
ADDRESS:		
DATE OF BIRTH:	E-MAIL ADDRESS:	
OCCUPATION:		
DRIVER'S LICENCE NO.:	DATE ISSUED:	EXPIRY DATE:
TYPE OF LICENCE:	DATE FIRST ISSUED:	
ENDORSEMENT, IF ANY:		
IS DRIVER EMPLOYED BY YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHAT IS THE RELATIONSHIP?		

DOES HE/SHE OWN A MOTOR VEHICLE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, GIVE NAME AND COMPANY AND POLICY NO.:
HAS HE/SHE BEEN INVOLVED IN ANY PREVIOUS ACCIDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, GIVE DETAILS:
HAS HE/SHE EVER BEEN PROSECUTED FOR ANY DRIVING OFFENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, GIVE DETAILS WHETHER CONVICTED OR NOT:

E. PARTICULARS OF THE ACCIDENT

DATE OF INCIDENT:	TIME OF INCIDENT: <input type="checkbox"/> AM <input type="checkbox"/> PM
PLACE OF INCIDENT:	
WAS ACCIDENT REPORTED TO THE POLICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME AND ADDRESS OF POLICE STATION:	
NAME AND ID # OF POLICE OFFICER WHO TOOK PARTICULARS:	
WHO IN YOUR OPINION IS AT FAULT AND WHY?	
IN WHAT DIRECTION WAS YOUR VEHICLE HEADING?	
IN WHAT DIRECTION WAS THE OTHER VEHICLE HEADING?	
APPROXIMATE SPEED OF YOUR VEHICLE AT THE TIME OF THE ACCIDENT?	KM/H MPH
APPROXIMATE SPEED OF OTHER VEHICLE AT THE TIME OF THE ACCIDENT?	KM/H MPH
LEGAL SPEED LIMIT AT THE ACCIDENT SCENE?	KM/H MPH
WERE YOUR VEHICLE'S LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WERE YOUR LIGHTS: <input type="checkbox"/> BRIGHT OR <input type="checkbox"/> DIMMED?
WERE THE OTHER VEHICLE'S LIGHTS ON? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WERE THEIR LIGHTS: <input type="checkbox"/> BRIGHT OR <input type="checkbox"/> DIMMED?
STATE DETAILS OF WEATHER CONDITIONS AND VISIBILITY:	
STATE CONDITION OF THE ROAD:	
KIND OF SURFACE:	
WAS ANY DRIVER WARNED FOR PROSECUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, GIVE DETAILS:	

F. PARTICULARS OF DAMAGE

WAS YOUR VEHICLE DAMAGED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, NATURE OF DAMAGE:	
WAS A WRECKER USED? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME AND ADDRESS OF COMPANY:	
ESTIMATED COST OF REPAIRS?	
WHERE CAN THE VEHICLE BE INSPECTED?	
NAME OF REPAIRER:	PHONE NO.:
ADDRESS OF REPAIRER:	

G. PARTICULARS OF THIRD PARTY

OWNER'S NAME:			CONTACT NO.:		
ADDRESS:			OWNER'S LIC. NO.:		
DRIVER'S NAME:			CONTACT NO.:		
ADDRESS:			DRIVER'S LIC. NO.:		
YEAR:	MAKE:	MODEL:	BODY TYPE:		
REG NO.:		COLOUR:			
INSURANCE COMPANY:					
NATURE OF DAMAGE:					

**IF OTHER THIRD PARTIES WERE INVOLVED IN THE ACCIDENT PLEASE ENTER THEIR DETAILS BELOW.
IF NOT SKIP TO SECTION H.**

PARTICULARS OF THIRD PARTY #2

OWNER'S NAME:			CONTACT NO.:		
ADDRESS:			OWNER'S LIC. NO.:		
DRIVER'S NAME:			CONTACT NO.:		
ADDRESS:			DRIVER'S LIC. NO.:		
YEAR:	MAKE:	MODEL:	BODY TYPE:		
REG NO.:		COLOUR:			
INSURANCE COMPANY:					
NATURE OF DAMAGE:					

PARTICULARS OF THIRD PARTY #3

OWNER'S NAME:			CONTACT NO.:		
ADDRESS:			OWNER'S LIC. NO.:		
DRIVER'S NAME:			CONTACT NO.:		
ADDRESS:			DRIVER'S LIC. NO.:		
YEAR:	MAKE:	MODEL:	BODY TYPE:		
REG NO.:		COLOUR:			
INSURANCE COMPANY:					
NATURE OF DAMAGE:					

IF ADDITIONAL THIRD PARTIES WERE INVOLVED PLEASE ATTACH THEIR DETAILS INT HE FORMAT PRESENTED ABOVE.

H. PROPERTY DAMAGE

WAS ANY OTHER PROPERTY DAMAGED (e.g. WALL, FENCE, UTILITY POLE, etc.)? IF SO, GIVE DETAILS:	<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF OWNER:	
OWNER'S CONTACT NO.:	

STATEMENT

State fully what happened. To be completed by the person who was driving or drove the vehicle prior to the loss occurring:

If any claim is made against you, please advise IronRock, immediately. Never admit liability for an accident.

- I/We have carefully read, understand and accept the above statements and represent that I/We have made a good faith effort to ascertain complete and provide accurate answers to the questions set forth in this application and that the information provided therein, including any attachment is true, accurate and complete to the best of my/our knowledge and belief.

- I/We acknowledge that if I/we have made any false or fraudulent statement or concealed any material fact, the claim may be declined.

Signature of Insured: _____

Date: _____

Signature of Driver: _____

Date: _____

Please indicate below damage to the vehicle and a diagram showing how the accident occurred.

