

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 LOSS/THEFT

DATE OF LOSS:	TIME THEFT OCCURRED OR WAS DISCOVERED:	<input type="checkbox"/> AM <input type="checkbox"/> PM
WHERE WAS THE VEHICLE PARKED?		
ADDRESS FROM WHICH VEHICLE WAS TAKEN:		
WAS THE VEHICLE SECURED AT THE TIME OF THE THEFT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, HOW?		
STATE SPECIAL IDENTIFYING MARKS:		
WAS THE VEHICLE FITTED WITH ANY ANTI-THEFT/VEHICLE TRACKING DEVICE AT THE TIME OF LOSS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
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:		
HAS THE VEHICLE BEEN RECOVERED? <input type="checkbox"/> YES <input type="checkbox"/> NO		

- TO BE COMPLETED ONLY IF VEHICLE HAS BEEN RECOVERED -

WHERE WAS THE VEHICLE RECOVERED?	
BY WHOM WAS THE VEHICLE RECOVERED?	
TO YOUR KNOWLEDGE, IS ANY PERSON CHARGED OR TO BE CHARGED FOR THE THEFT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WAS THE VEHICLE DAMAGED AS A RESULT OF THE THEFT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, STATE NATURE/EXTENT DAMAGE:	
WHERE CAN THE VEHICLE BE INSPECTED?	
NAME OF REPAIRER:	PHONE NO.:
ADDRESS OF REPAIRER:	

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: _____