

**'KEY PROTECTOR' MOTOR INSURANCE – CLAIM FORM**

(PLEASE COMPLETE ALL DETAILS ON THIS PAGE / PLEASE WRITE IN BLOCK LETTERS AND TICK CORRECT ANSWER BOXES)

**PERSONAL INFORMATION**

Policy No.: ..... Claim No.: .....

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Name of Insured: ..... Tel No.: .....

Profession/Occupation: .....

Address: .....

E-mail: ..... Vat/B.I.R.#: .....

Business Address (If self-employed): .....

..... Tel No.: .....

Employer's Name: ..... Tel No.: .....

Employer's Address: .....

E-mail: ..... Vat/B.I.R.#: .....

**PARTICULARS OF DRIVER**

Driver's Name: ..... Date of Birth: .....

Address: ..... Tel No.: .....

Profession/Occupation: ..... Class of vehicle licenced to drive: .....

Employer's Name: ..... Driver's Permit: .....

Employer's Address: ..... Date First issued: .....

..... Relationship of Driver to Insured: .....

Does the driver own a vehicle?  Yes  No

If 'Yes', Reg. No.: .....

Name of Insurer: ..... Was the driver injured?  Yes  No

Does the driver have any physical impairment?  Yes  No

If 'Yes' state the nature of injuries: .....

Was the vehicle being used with the order or permission of the Insured?  Yes  No

Was the driver wearing a seat belt?  Yes  No

**PARTICULARS OF INSURED VEHICLE**

Vehicle Registration No.: ..... Make: .....

Engine No.: ..... Body Type: .....

Chassis No.: ..... Colour: .....

At the time of the accident, was the vehicle being used for Private, Social and Domestic use or in connection with the Insured's business?  Yes  No

If 'No', for what purpose was it being used? .....

Does anyone have a financial interest in the vehicle?  Yes  No

If 'Yes', what are their interest? .....

Is the damage of the vehicle:  Severe  Slight

Where is the damage located:  Front End  Rear End  Left Side  Right Side

Details of Damage: .....

Where can the vehicle be inspected? ..... Estimated cost of repairs: .....

..... Tel No.: .....

Repairer's Name: ..... Have you instructed repairs to be carried out  Yes  No

Repairer's Address: .....

## PARTICULARS OF THIRD PARTY VEHICLE

**Vehicle Registration No.:** ..... **Make:** .....  
**Body Type:** ..... **Tel No.:** .....  
**Owner's Name:** .....  
**Address:** .....  
**Driver's Name:** .....  
**Address:** .....  
**Insurance Company:** .....  
**Coverage:**                       **Comprehensive**     **Third Party**     **Third Party Fire & Theft**  
**Is the damage of the vehicle:**                       **Severe**                       **Light**  
**Where is the damage located:**                       **Front End**                       **Rear End**                       **Left Side**                       **Right Side**  
**Details of Damage:** .....  
.....  
**Was there any other property damage?**                       **Yes**     **No**

## PARTICULARS OF PERSONS INJURED

(Use code to indicate; 1- passenger in your vehicle; 2 - passenger in other vehicle; 3 - Pedestrian)

NAME	ADDRESS	Code	Details of Injuries

## PARTICULARS OF THE ACCIDENT/INCIDENT

**Date occurred:** ..... **Time occurred:** .....a.m . ..... p.m.  
**Place where accident occurred:** .....  
**Speed of your vehicle immediate prior to impact:** .....km/hr .....m.p.h.  
**Weather conditions:** .....  
**Who in your opinion was at fault?** .....  
**Name & Number of Police Officer taking Particulars:** .....  
**Address of Police Station:** ..... **Date Reported:** .....  
**Was any warning given by the Police that you might be prosecuted?**                       **Yes**     **No**

## WITNESSES

(Use code to indicate whether; 1- passenger in your vehicle; 2 - an Independent witness)

NAME	ADDRESS	Code

**Give a Complete Statement & Description of the Accident and provide a Sketch.**

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**We declare the foregoing to be true in every respect.**

**Name of Insured:** ..... **Signature of Insured:** ..... **Date:** .....  
**Name of Driver:** ..... **Signature of Driver:** ..... **Date:** .....