

Plant Accident Claim Form

INSURED	Policy number		Name			
	Identity number		Occupation			
	Contact number		VAT registration number			
	Physical address					
VEHICLE	Year		Make			
	Model		Registration number			
	VIN number		Engine number			
	Date of purchase		Value			
	Registered owner		Finance company			
PLANT	VIN / serial number		Make of machine			
	Model of machine		Operating hours			
	Replacement value		Market value			
	Age of machine		Does any other party have an interest in the machine?			
	If so, give full name and interest		Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
OPERATOR / DRIVER	Name of driver / operator		Occupation			
	Identity number		Contact number			
	Physical address					
	Driver's / operator's license number		Date issued	Code		
	Driver driving with your permission?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	License endorsed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
	Was driver in your employ?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>	Has driver any physical defects? Yes: <input type="checkbox"/> No: <input type="checkbox"/>		
	Any convictions for motoring offenses?		Yes: <input type="checkbox"/> No: <input type="checkbox"/>			
	Details of previous accidents					
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairer's name, address and contact number					
	Where can vehicle be inspected?					
PASSENGERS	Passengers in insured vehicle		Name	Contact number	Injury	
	For what purposes were they transported?					
	Are they employees?					
OTHER PARTY	Other vehicles		Registration number	Make and model	Name of owner / driver	Address of owner / driver
			Contact details	Insurance details		Details of damage
	Property other than vehicles		Name, contact details and address of owner		Details of damage	

OTHER PARTY	Name of injured		Contact details		Details of injuries		Name of hospital		
	Personal injuries (other than in insured's vehicle)								
WITNESSES	Witness 1	Full name				Contact details			
		Address							
	Witness 2	Full name				Contact details			
		Address							
ACCIDENT	Date, time and place								
	Speed		Before accident (km / h)			After accident (km / h)			
	(a) Weather conditions (b) Visibility		(a)			(b)			
	(a) Road surface (b) Width of road		(a)			(b)			
	(a) Which vehicle lights were on? (b) Street lighting		(a)			(b)			
	Any warning given by you? Indicator etc.								
	Police details		Name of police officer who recorded incident			Police station and case number			
	Was driver tested for alcohol or drugs?								
	Description of accident								
	Sketch of accident (if necessary use a separate page) Show clearly the point of impact and indicate the direction of travel by arrows. Give details and any road safety signs or warning signs in the vicinity of the scene of the accident.								
LICENSE	I have inspected the driver's license and it is free of endorsements / endorsed as shown. Signature: _____								
	Please attach copies of driver's license and page 1 of driver's identity document. Capacity: _____								
DECLARATION	We hereby declare the following particulars to be true in every respect.								
	Signature of driver: _____				Date: _____				
	Signature of insured: _____ Capacity: _____				Date: _____				
	It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand. Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accident fund without delay.								