

**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	

<b>OTHER PARTY</b>	Personal injuries (other than in insured's vehicle)	Name of injured	Contact details	Details of injuries	Name of hospital
<b>WITNESSES</b>	Witness 1	Full name		Contact details	
		Address			
	Witness 2	Full name		Contact details	
		Address			
<b>ACCIDENT</b>	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.				
<b>LICENSE</b>	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: _____	
<b>DECLARATION</b>	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.					