



AGENCYPolicy No.....Claim No.....

Name of Insured.....Occupation.....

Address.....Telephone No.....

PARTICULARS OF INSURED VEHICLE

Registration Number	Make of Vehicle and Makers' No	Type of Body (Sedan, lorry e.t.c)	Color	Year of Make	Horse Power or c.c	Value	Kilometres Completed

Name of driver at time of occurrence.....Date of birth.....

Address of driver.....

Is driver (a) owner (b) owner's employee or (c) owner's relative or friend? (tick as appropriate)

If (b) or (c), did you authorise the journey?

If (b) or (c), does driver own a vehicle?.....If so, name of Insurers.....

State fully for what exact purpose was the vehicle being used?.....

Where was driver first licensed to drive?.....

Class of vehicle (s) licensed to drive.....Licence No.....Date of issue.....

Has driver been convicted of a driving offence? If so, give brief details and dates:.....

Has the driver's licence ever been endorsed?.....

If there is a hire purchase or other agreement, how much is outstanding?.....

To whom?.....

If a motor cycle (1) Was a side-car attached?.....(2) Was there a pillion passenger?.....

DAMAGE TO INSURED VEHICLE

(Two quotations required)

Full extent of damage

Place where damaged vehicle can be seen

Have you given instructions for repairs to be started?Estimate cost of repairs.....

If tyres damaged or stolen, state make and mileage done

INJURIES TO OCCUPANTS OF INSURED VEHICLE

Were any Passengers being carried in/on your vehicle for hire or reward?

Was any injury sustained by the driver or passengers in your vehicle? If so, give details of names and nature of injuries

Conveyed to which Hospital (if any)?.....

Are any of the passengers in your employ?.....

PARTICULARS OF OTHER PARTY OR OWNER OF PROPERTY INVOLVED IN THE ACCIDENT

NameRegistration Number of other vehicle.....

AddressName of other Insurers

Full extent of personal injuries and/or damage to property

Has notice of any claim been given to you?

Please send to NICOZ DIAMOND at once and unanswered any written communication you may have received.

CIRCUMSTANCES OF ACCIDENT, LOSS OR DAMAGE

Date Time..... am/pm Place.....

Which of your lights were on?.....What was your speed?.....Km/H

Describe (a) Road Conditions (b) Traffic Conditions (c) Visibility

Give full descriptions of how the accident, loss or damage occurred:

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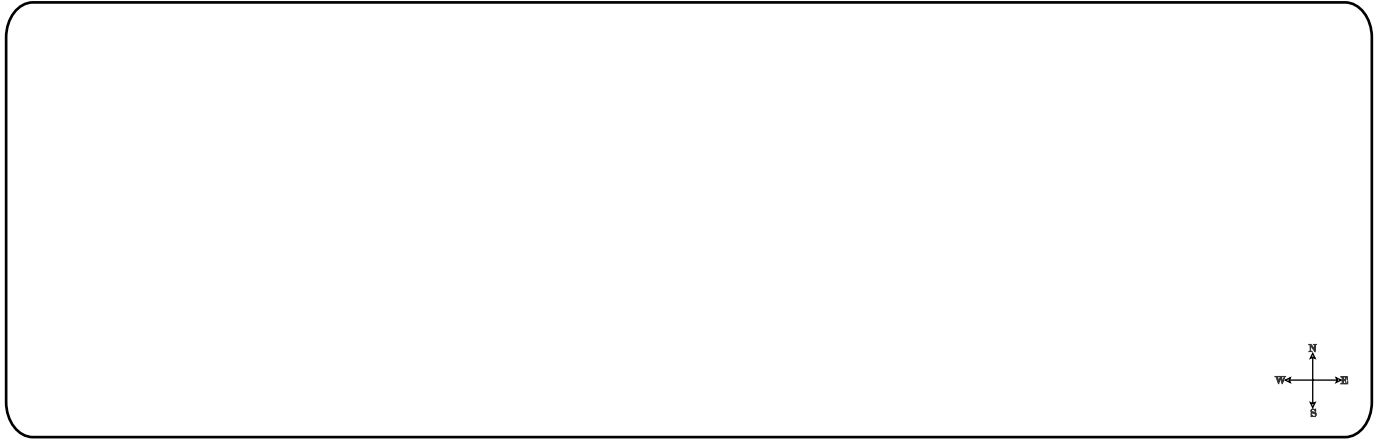
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SKETCH

Please make a rough sketch showing road widths and position of vehicles indicating how far vehicles were from side of road. Indicate with an arrow the directions in which they were moving.



WITNESSES

Name and address of your passengers.....

Names and addresses of other witnesses

Was any statement as to fault made by witness or drivers at the time? If so, give details:

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To which police station was the occurrence reported?

Name/Number of Police Officer who took particularsPolice Station Ref No.....

Was the Driver tested for Alcohol or Drugs?.....

DECLARATION

I/We declare that, to the best of my/our knowledge and belief, these statements are true and I/We undertake to render the Company every assistance in my/our power in dealing with this matter.

WARNING: Insurance Fraud is a CRIME

Date Signature of Insured