



H Savy Insurance Co Ltd

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Motor Vehicle

Claim form

By lodging your claim with H Savy Insurance Limited, you hereby declare that the statements, facts and information herein contained are true and correct to your knowledge and or belief. That the statements, facts and information herein provided by you are complete and accurate. Failure to faithfully make full disclosure of the facts and information you know or ought to know may render you claim null and policy void.

With reference to your intimation of an accident, we shall be glad if you will kindly complete and return this form, together with Sketch Plan, as early as possible within seven days, whether a claim has been made upon you or not.

It is of utmost importance that every question be answered fully. If there be insufficient space to answer any of the questions, please attach another sheet of paper and write the remainder of each answer thereon quoting the relevant question number.

Please note that this form should be completed and signed by the **INSURED** except for the statement on how the accident happened which should be sign by the driver of the vehicle.

The issue of this form is not to be considered as an admission of liability on the part of the Company.

Please use BLOCK CAPITALS and tick where appropriate

EXPLANATION OF HOW THE ACCIDENT HAPPENED

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Weather conditions at time of accident:

I/We hereby declare that the above statement is true to the best of my/our knowledge and belief.

Insured

Title (Mr, Mrs, Miss, etc):	Surname:	Maiden Name:
Name:		
Address:	Email Address:	
Occupation:	Telephone No:	
Policy No:	Date of expiry:	
Road License No:	Date of expiry:	

(Please provide a copy of the road fund licence)

Vehicle

Make:	Model:	Year of Manufacture:
Colour:	Registration No:	Cubic Capacity:
For what purpose was it being used?		
Was it being used under your instructions?		
Were any goods or samples being carried?		

Driver

Name:	Surname:
Address:	Age:
Driving experience of driver:	Was it being used under your instructions?
Does the driver own a car?	If yes, state vehicle registration no.
Name of insurance company and policy no.	
Is driver's licence in force?	Has it been endorsed? (Please provide a copy of driver's licence)
Give driver's licence no.	Date of expiry
Has the driver ever been prosecuted for any offence in the driving of a car? If so, nature of the offence.	
If paid driver, state in whose employ and how long employed?	

Loss Damage Accident

Occurred on:	at about:
Place:	
Speed of your vehicle:	Did the Police take particulars?
If no, was the accident reported to the Police?	
Which Police station was the accident reported?	
Whom do you consider responsible/at fault?	
If you're at fault, is that other party's claim to be entertained under the policy?	

Damage to own vehicle

Has your vehicle sustained any damage?

Brief particulars of damage:

Where can the vehicle be examined? (Please state Garage Telephone No.)

Are you making a claim for the repairs to your vehicle?

Please state under which Policy? Your own or the other party?

(Please submit a quote for cost of repairs to vehicle)

Details of other Third Parties

Name:

Surname:

Address:

Telephone No

Registration No. of vehicle:

Make/Model:

With which insurance company is the other party insured?

Brief particulars of damage:

Personal injury to other persons

Names and Addresses of persons injured and full particulars of injuries sustained:

Names and Addresses of Doctors, Hospital or Nursing Home to which the injured person(s) have been removed for treatment

Has a claim been made upon you? If so, please give particulars and amount and forward any communications received, unanswered.

Damage to property of other persons

Name:

Surname:

Address:

Full particulars of damage done:

Does the damage concern mobile or immobile property?

Declaration

I/We hereby declare that the statements contained herein are true to the best of my/our knowledge and belief, and that the vehicle is not insured with any other Insurer.

Date:

Signature of Insured:

ROUGH SKETCH OF ACCIDENT

Details of Third Party vehicle(s) involved in the accident

(to be completed if only our Insured has accepted responsibility)

Name of Insured/Claimant:		
Address:		Telephone No:
Make:	Model:	Year of Manufacture:
Registration No:		
Name of person driving the vehicle:		
Driving experience of driver:		Is driver's licence in force?
Driver's license No:		Date of expiry:
Road Fund licence No. of vehicle:		Date of expiry:
Policy No:		Date of expiry:

NOTE: Please provide copies of all relevant licences and insurance certificate as stated above

Where can the vehicle be examined? (Please state Garage Telephone No.)
Brief particulars of damage

(Please submit a quote of cost of repairs to vehicle)

For submission of claim documents electronically or direct contact with the Claims Department please use email, claims@hsi.sc