Commercial Motor Accident Claim Form

OFFICE USE: Policy Number: _____ Claim Number: _____

- **WARNING: If you supply any untrue or false information and know that it is not true, FPI shall have the right to refuse the claim.**
- **We recommend that you read the Claims section of your policy.**
- **Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".**
- **You must not incur any expense (unless it is to minimise the loss), or admit fault, without our permission.**
- **THE DRIVER OF THE VEHICLE (OR THE PERSON WHO WAS IN CHARGE) MUST SIGN PART L OF THIS FORM.**

PART A: THE INSURED

Name of Insured: _____

Postal Address: _____

Best contact Phone No: _____ Best time to contact: _____

Alternative contact: _____

PART B: THE INSURED VEHICLE

1. Year _____ Make _____ Model _____ Reg No _____

2. Is the vehicle subject to hire purchase agreement, bill of sale or lien of any kind? Yes ☐ No ☐

3. Has the vehicle or engine been modified from the makers standard specifications? Yes ☐ No ☐

If you answer "Yes" to 2 or 3, please give details: _____

PART C: DETAILS OF DRIVER OR PERSON IN CHARGE

1. What is the driver's Date of Birth? _____ Female ☐ Male ☐

2. Was the driver (or person in charge when the accident happened) the person under Part A? Yes ☐ No ☐

If the answer is "Yes", please go to Part D. If the answer is "No" please answer questions 3–8

3. Full Name of Driver (or person in charge): _____

4. Postal Address: _____

5. Best contact Phone No: _____ Best time to contact: _____

6. Relationship to the Insured: Husband ☐ Wife ☐ Son ☐ Daughter ☐ Other ☐
   (give details): _____

7. Did the driver have the owner's permission to use the vehicle? Yes ☐ No ☐

8. Does the driver have any motor vehicle insurance? Yes ☐ No ☐

PART D: DRIVER'S HISTORY

If any answer below is "Yes", please attach full details on a separate piece of paper.

1. Has the driver ever been refused vehicle insurance or had a policy cancelled or not renewed? Yes ☐ No ☐

2. In the past 5 years, has the driver:

(a) been involved in a motor accident? Yes ☐ No ☐

(b) been convicted of a driving offence or issued with an offence or infringement notice (including speeding)? Yes ☐ No ☐

(c) been convicted of a criminal offence? Yes ☐ No ☐

(d) been disqualified from driving or had their licence endorsed, cancelled or suspended? Yes ☐ No ☐

PART E: DRIVER'S LICENCE

1. Number _____ Classes _____ Special Conditions _____

2. Type: _____

3. Date & Country of Issue: _____

NOTE: A COPY OF YOUR DRIVERS LICENSE MUST BE ATTACHED TO THIS CLAIM FORM

PART F: ACCIDENT DETAILS

1. When did the accident happen? Day _____ Date _____ Time _____ AM ☐ PM ☐
2. Where did it happen? (show street and town): _____
3. What was the vehicle being used for? _____
4. Please provide full details of your journey and give full details of what happened:

_____

_____

If the insured vehicle was being driven when the accident happened:

5. What were the weather conditions at the time? Rain ☐ Overcast ☐ Fog ☐ Bright Sun ☐ Clear Night ☐
6. What were the road conditions at the time? Sealed ☐ Metal ☐ Wet ☐ Dry ☐
7. What speed was the insured vehicle travelling at (a) approaching the accident? _____ (b) impact? _____
8. Did the driver consume or use any alcoholic liquor, drug or intoxicating substance in the 12 hours before the accident? Yes ☐ No ☐

   If "Yes": What? _____ How much? _____ When? _____

9. Did the Police attend the accident? Yes ☐ No ☐
10. Was the driver required to provide the Police with a breath and/or blood sample? Yes ☐ No ☐

PART G: SKETCH PLAN OF ACCIDENT

Please show any: Street Names • Road Markings • Road Signs • Traffic Signals • Traffic Islands • Distances from kerb • Distances between vehicles • Direction of Travel

PART H: DAMAGE TO THE INSURED VEHICLE

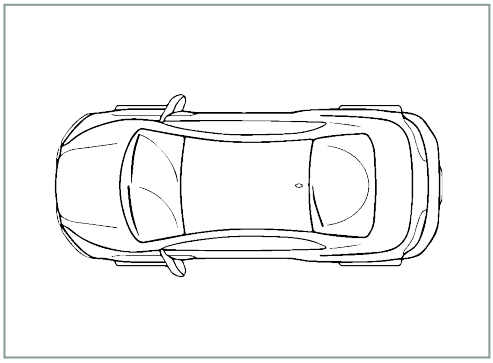
1. Please describe the damage to your vehicle, and show it on the diagram below:

_____

_____

_____

_____



2. Did the vehicle need to be towed? Yes ☐ No ☐

Name of towing Company: _____

3. Name of repairer: _____ Telephone: _____
4. Address of repairer: _____
5. When to be taken to the repairer? _____ Repairer's Estimate $ _____

The repairer must contact us before repairs are started so that we can assess the damage and agree the costs.

6. Where is the vehicle located now? _____

PART I: OTHER VEHICLE OR PROPERTY DAMAGED

1. Other vehicle owned/driven by: _____ Telephone: _____
   Address: _____ Insurer & Branch: _____
   Make, type & model of other vehicle: _____
   Reg No: _____
   Details of damage to other vehicle: _____
2. Details of damage to other property: _____
   Owner's name & address: _____ Telephone: _____

PART J: LIABILITY FOR THE ACCIDENT

1. Who do you consider to be to blame? _____
2. What are your reasons? _____
3. Did anyone admit liability? Yes ☐ No ☐
   If "Yes", who? _____
4. Did the police attend the accident? Yes ☐ No ☐
   If "Yes", please give officer's name & number: _____

PART K: WITNESSES TO THE ACCIDENT

Were there any witnesses? Yes ☐ No ☐
If "Yes", please give details below.

1. Name: _____ Passenger Yes ☐ No ☐
   Address: _____ Telephone: _____
2. Name: _____ Passenger Yes ☐ No ☐
   Address: _____ Telephone: _____

Note: If there is any information you cannot give to us now, please mark the question and let us have it as soon as possible. If there is not enough room on this form, please attach a separate sheet of paper.

Is a separate sheet attached? Yes ☐ No ☐

PART L: DECLARATION AND SIGNATURE

Please read and sign

I declare that

1. I authorise FPI to move the vehicle to a claims assessing centre for examination and assessment.

2. Material Facts

(a) All information given to FPI in connection with this claim (whether oral or written) is true and correct;
(b) No information relevant to the claim is omitted;

3. Use of Information

(a) My personal information collected by FPI in connection with this claim may be disclosed to:
   (i) other members of the insurance industry;
   (ii) Parties repairing or replacing the subject matter of the claim;
   (iii) Parties who have a financial interest in the subject matter of the policy;
(b) My personal information held by any other parties in connection with this claim may be disclosed to FPI;

Please note:

- We gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you refuse to provide it, we may decline your claim.
- This information is held by us and you may access it. It may be passed on to other insurers you deal with, repairers and mortgagees etc.
- Your claims history may be passed on to, and held by an insurance claims registry. This enables other insurers you deal with to access it, and prevents fraudulent claims.

SIGNED BY

DRIVER: _____ INSURED: _____ DATE: _____