



Motor Claim Form - Gibraltar Policies					
Policyholder	Name:		Telephone:		
	Address:		D.O.B.: .. / .. / ..		
	Email:		Occupation:		
Vehicle	Model & Make:	Year:	Reg. No.:	Policy Number:	
	
	Comprehensive <input type="checkbox"/>	Third Party <input type="checkbox"/>			
	Insured value:		Excess:		
	For what purpose was the vehicle being used?				
	Are you the registered owner of the vehicle?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Is there a hire purchase/bank/interest/leasing interest?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answered "Yes", kindly provide details:				
Driver	Name:		Telephone:		
	Address:		D.O.B.: .. / .. / ..		
	Was the driver licensed to drive the vehicle?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Was the licence full/provisional?			Full <input type="checkbox"/>	Provisional <input type="checkbox"/>
	Has the driver any convictions for any offence?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If you answered "Yes", kindly provide details and dates:				
Accident	Date of occurrence:		Time:		
	Exact location:				
	If a Police Officer witnessed or took particulars of occurrence, please give Name, Number:				
	Did the PC issue any warning of impending prosecution, if so, to whom?				
	Speed of vehicle before impact:				
	Did either driver give warning?				
	Was your vehicle on the correct side of the road?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
	Who in your opinion was to blame?				

State Full Details	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
Sketch Of Accident	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>			
Damage To Own Vehicle	<p>State briefly apparent damage:</p> <p>Repairer's name, address & telephone number:</p> <p>Is the vehicle repairable? Yes <input type="checkbox"/> No <input type="checkbox"/> Estimated cost of repairs:</p> <p>N.B. Has any claim been made against you?</p>			
Other Vehicle Involved Or Property Damage	<p>Name & address of driver & owner:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Reg. No.:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Insurer & Policy Number:</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Description of damage:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
	<p>Email:</p>		<p>Telephone:</p>	
Persons Injured	<p>Name & Address (stating whether driver, passenger or pedestrian):</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Nature of injuries:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	
	<p>Name & address of independent witness:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		<p>Name & address of passengers of insured's vehicle:</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

I declare that to the best of my knowledge and belief all the foregoing particulars are true and correct in all respects and request you to deal on my behalf with any claims which may arise out of the accident in accordance with the terms and conditions of the Policy. I authorise you and your Solicitors on my behalf to make such admission and settlements, and give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

Signature of policyholder Name

Signature of driver Date