HOLLARD INSURANCE BOTSWANA
(REG. NO. 2005/654)

MOTOR ACCIDENT CLAIM
(Delete sections not applicable)

	VAT REGISTRATION NUMBER				
	Policy Number				
INSURED	Name and Occupation				
	Identity Number				
	Address and (Day) Phone No.				
VEHICLE		Make	Tare	Gross Vehicle Mass	Kilometres completed
	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company.	Registration Number	Value	Model and Year	Date of purchase and price paid
	In whose name is the vehicle registered?				
DAMAGE	Damage to own vehicle.				
	Estimate for repairs or attach quotation.				
	Repairer's name and address and telephone number.				
	Where can your damaged vehicle be inspected?				
DRIVER	Full Name				
	Address				
	Occupation				
	Identity Number				
	Driving Licence	Number	Date	Place	Code / Full / Learner
	State fully the purpose for which the vehicle was being used.				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Is he/she the owner of another vehicle?				
	If yes, give name of Insurer and policy number.				
	Details of any convictions for motoring offences.				
	Has licence ever been endorsed?				
	Has he/she any physical defects?				
	Details of previous accidents.				

PASSENGERS (Insured vehicle)	PASSENGERS IN INSURED VEHICLE	Name	Address	Injury
	For what purpose were they carried?			
	Are they employees?			

OTHER PARTY	OTHER VEHICLES	Registration Number	Make	Name and Address of Owner and Driver	Details of damage
	PROPERTY OTHER THAN VEHICLES	Name and address of owner		Details of damage	
	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)	Name of injured	Relationship to accident e.g. Driver, Passenger, etc.	Details of injuries	Name of Hospital (if applicable)

WITNESSES

Name, Address and Phone No.	
Name, Address and Phone No.	

ACCIDENT

Date, Time, Place.			
Speed?	Before accident kph		Moment of impact kph
a) Weather condition? b) Visibility?	a)		b)
a) Road surface. b) Width of road surface?	a)		b)
a) Which vehicle lights were on? b) Street lighting.	a)		b)
Was any warning given by you, e.g. hooting, indicator, etc.?			
Police details.	Name of police/traffic officer who recorded details of accident		Police Station and Reference Number or Police Report
Was driver tested for alcohol or drugs?			
DESCRIPTION OF ACCIDENT			
SKETCH OF ACCIDENT (if neccesary use separate page)	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.		

LICENCE INSPECTED

I have inspected the driver's licence and it is free of endorsements/endorsed as shown. Signature.....

Please attach copies of driver's licence and page 1 of driver's identity document. Capacity.....

DECLARATION

We hereby declare the aforegoing particulars to be true and complete in every respect.

Signature of driver ..... Date .....

Signature of Insured..... Capacity..... Date.....

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.