

SKETCH  
OF  
ACCIDENT  
(if necessary 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 the vicinity  
of scene of accident.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Payment method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of Bank	<input type="text"/>	Branch	<input type="text"/>
Name of Account	<input type="text"/>	Account No.	<input type="text"/>

Licence Inspected

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

_____	_____	_____
Signature of Insured	Capacity	Date

Declaration

We hereby declare the foregoing particulars to be true in every respect.

_____	_____	_____
Signature of Driver	Capacity	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**