



MOTOR - general motor vehicle claim form

(Applicable for all vehicles including mobile plant)

Inspac (PNG) Limited, Level 3, Pacific Place, Port Moresby, P O Box 1383, Port Moresby, Papua New Guinea.

Insured details - Full details of Insured/Owner

Insured/owner:		
Policy No:	Expiry date:	/ /
Postal address:	Suburb/Town:	
If Company, contact name:	Position:	
Telephone No: (h)	(w)	(mobile)
Email address:	Fax No:	

Vehicle details - Full details of insured vehicle

Year:	Make:	Model:	Reg No:		
Financially interested or leased:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details: Company					
Address:					
Type of vehicle:					
<input type="checkbox"/> Car	<input type="checkbox"/> Ute	<input type="checkbox"/> Van	<input type="checkbox"/> Mobile plant (including agricultural plant)	<input type="checkbox"/> Tractor unit	<input type="checkbox"/> Truck
If Truck, please indicate type of truck:					
<input type="checkbox"/> Concrete	<input type="checkbox"/> Logging	<input type="checkbox"/> Curtainsider	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Tanker	
<input type="checkbox"/> Tipper	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Other (specify): _____			
What type of load where you carrying on this trip?					

Trailer details - Full details of insured trailer (if applicable)

Year:	Make:	Model:	Reg No:		
Financially interested or leased:			Yes <input type="checkbox"/> No <input type="checkbox"/>		
If Yes, please give details: Company					
Address:					
Type of vehicle:					
<input type="checkbox"/> Car	<input type="checkbox"/> Ute	<input type="checkbox"/> Van	<input type="checkbox"/> Mobile plant (including agricultural plant)	<input type="checkbox"/> Tractor unit	<input type="checkbox"/> Truck
If Truck, please indicate type of truck:					
<input type="checkbox"/> Concrete	<input type="checkbox"/> Logging	<input type="checkbox"/> Curtainsider	<input type="checkbox"/> Flat deck	<input type="checkbox"/> Tanker	
<input type="checkbox"/> Tipper	<input type="checkbox"/> Refrigerated	<input type="checkbox"/> Other (specify): _____			
What type of load where you carrying on this trip?					

Driver details - Full details of insured driver or person in charge of insured vehicle at the time of the accident or loss

Full name:	Date of Birth: / /	
Home address:	Suburb/Town:	
PNG licence: Yes <input type="checkbox"/> No <input type="checkbox"/> Year licenced:	Type: Learner <input type="checkbox"/> Restricted <input type="checkbox"/> Full <input type="checkbox"/>	
Licence No:	Classes covered: Expiry date: / /	
<p>Relationship to insured</p> <input type="checkbox"/> Insured/Owner/Director <input type="checkbox"/> Employee (full-time/part-time) <input type="checkbox"/> Relative (specify): _____ <input type="checkbox"/> Employed by agency <input type="checkbox"/> Relief/Casual Driver <input type="checkbox"/> Other (specify): _____ For what purpose was the insured vehicle being used? <input type="checkbox"/> Business <input type="checkbox"/> Private Was the insured vehicle used with the knowledge of the insured? Yes <input type="checkbox"/> No <input type="checkbox"/> If No , please give details: _____ _____ _____		
Have you taken any intoxicating liquor and/or drugs (prescribed or otherwise) within the 12 hours prior to the accident? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give full details: _____ _____ _____		
Have you ever being convicted of any traffic or criminal offences (other than parking) within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give full details:		
Approximate date	Offence	Court action
/ /		
/ /		
Have you had any motor accidents or claims including theft (other than windscreen breakage) within the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes , please give full details		
Approximate date	Details	
/ /		
/ /		
/ /		

Accident /Loss details

Location:	Suburb/Town:
Date: / /	Time: am/pm
Day of week:	
Speed (kmph) prior to braking:	Approximate speed (kmph) on impact:
<p>Road Surface:</p> <input type="checkbox"/> Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/> Dry <input type="checkbox"/> Wet	
<p>Weather conditions:</p> <input type="checkbox"/> Fine <input type="checkbox"/> Raining <input type="checkbox"/> Strong winds <input type="checkbox"/> Overcast <input type="checkbox"/> Fog	
<p>Vehicle activity:</p> <input type="checkbox"/> Collided with obstruction <input type="checkbox"/> Turning vs same direction <input type="checkbox"/> Reversing <input type="checkbox"/> Head on <input type="checkbox"/> Hit animal <input type="checkbox"/> Lost control/left road <input type="checkbox"/> Damaged whilst parked <input type="checkbox"/> Rear end <input type="checkbox"/> Cornering <input type="checkbox"/> Tipping <input type="checkbox"/> Overtaking/lane changing <input type="checkbox"/> Right turn against traffic <input type="checkbox"/> Other (please specify): _____	
<p>Was any warning (horn signals etc) given by any person? _____</p> <p>If Yes, please give details: _____</p>	
<p>Were your headlights switched on and functioning ? _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you consider the other driver was responsible for the accident? _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give reasons: _____</p>	
<p>Describe in detail how the accident occurred: _____</p> <p>_____</p> <p>_____</p>	
<p>Details of damage or loss to insured vehicle (indicate where insured vehicle is damage): _____</p> <input type="checkbox"/> Frontal <input type="checkbox"/> Bonnet <input type="checkbox"/> Multiple sider <input type="checkbox"/> Rear <input type="checkbox"/> Drivers side <input type="checkbox"/> Windscreen/window glass <input type="checkbox"/> Roof <input type="checkbox"/> Passengers side <input type="checkbox"/> No damage <input type="checkbox"/> Other (please specify): _____	
<p>Where can the insured vehicle be inspected? _____</p> <p>Have you sent it to be repaired? _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please give name of repairer: _____ Contact phone: _____</p> <p>Have you obtained estimate for repairs? _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, please provide amount of estimate: _____ Estimate K _____</p> <p>Has Inspac Insurance been contacted regarding the loss and/or have we been given the opportunity of appointing an Independent assessor or loss adjusters (if required)? _____ Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If Yes, give details: _____</p>	

Sketch plan of accident (not required for Theft or Fire claims)

Indicate:

- **Layout of road**
- **Position of vehicles on impact**
- **Road signs and markings**
- **Direction of vehicles travelled**
- **Other vehicles (reg)**
- **Identify your vehicle**

Other property - Full details of damage to other driver vehicle or property

Property or vehicle owed by:		
Vehicle make:	Model:	Reg No:
Drivers full name:		
Contact address:		Suburb/town:
Contact telephone No: (h)	(w)	(mobile):
Their insurance company:		Branch:
Describe damage to other vehicle(s) or property:		
Estimated cost of repairs to party's property (if known): PGK		
If more than one vehicle in accident, please give details:		
Other driver's full name:		
Contact address:		Suburb/town:
Contact telephone No: (h)	(w)	(mobile)
Vehicle make:	Model:	Reg No:

Police report

Do the police have knowledge of this accident?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please give details: Name of officer:		Number:	
Address of station:			
Did the police attend the scene of the accident:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did any driver undergo any test for alcohol or drugs?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , please give details:			
Name:		Address:	
Name:		Address:	
Have the police issued a Notice of Intended Prosecution, or given any verbal warning?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , to whom and for what alleged offence?			
Name:		Address:	
Name:		Address:	

Further required particulars

Were any passengers in insured vehicle?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Name	Address	Telephone No	

Witness

It is important that names and addresses are obtained whether the driver considers him/herself to blame or not

Name	Address	Telephone No

Declaration

I/We declare that:

The information given in this form to be correct.

I/We authorise and request the Royal Papua New Guinea Constabulary Police to release to Inspac (PNG) Limited copies of any or all documents held by the Papua New Guinea Constabulary Police relating to the incident giving rise to this claim.

I /We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Inspac (PNG) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Inspac (PNG) Limited.

Signature insured/owner:	Date: / /
If company, state position (i.e., CEO, manager etc.):	
Driver's signature (if different from above):	Date: / /