



MOTOR VEHICLE CLAIM FORM



Contents

A	NOTES	3
B	INSURED'S DETAILS	4
C.	INSURED VEHICLE DETAILS.....	4
D.	DRIVERS DETAILS.....	5
E.	ACCIDENT DETAILS.....	6
F.	DAMAGE TO INSURED'S VEHICLE.....	7
G.	DAMAGE TO OTHER VEHICLES OR PROPERTY.....	8
H.	OTHER PARTIES.....	9
I.	RESPONSIBILITY FOR ACCIDENT	9
J.	DETAILS OF WITNESS (ES).....	9
K.	DECLARATION	10
L.	SUPPORTING DOCUMENTS	11
M.	BANK PAYMENT DETAILS FOR YOUR CLAIMS REIMBURSEMENT	12

A NOTES

1. It is very important that all questions are answered completely. If not applicable, please write “n/a”.
2. The issuance of this claim form is not an admission of liability by Trans Pacific Assurance Limited.
3. Please use additional blank pages if more space is required to provide comprehensive responses.
4. All amounts marked with an Asterix (*) are in PNG Kina unless stated otherwise.
5. The content and use of this form, or any agreement entered into pursuant to this form, or any dealing in relation to, or arising from this form are governed by:
 - a) The laws of Papua New Guinea;

unless
 - b) The policy/ies refer to the laws of a different country applying, in which case, the law of that country, and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.



B INSURED'S DETAILS

1. Name of Insured

.....
.....

2. Address

.....
.....Postcode.....

3 Contact Details

Private Tel

Business Tel

Mobile Tel Fax

Email

4. Occupation

.....

C. INSURED VEHICLE DETAILS

1. Make of vehicle.....

ModelYear of manufacture

2. Registration number.....

3. Registered owner (full name & address)

.....
.....
.....

4. Details of any modification made to the vehicle or Engine

.....
.....

5. Name and address of other interested parties (eg. Finance company, lease company)

.....
.....
.....



13.If the driver was other than the insured named above:

a) Was the vehicle being used with the insured’s knowledge and consent? Yes No

b) State the relationship to the insured (i.e Wife, son, friend, employee or hirer).

.....
.....

c) Does the driver own his/her own vehicle? Yes No

d) If so, name of insurer?

E. ACCIDENT DETAILS

1. Date...../...../..... Timeam/pm

2. Weather.....

3. Speed kmh/mph

4. Road conditions Dry Wet Gravel Tar

5. Exact location of the accident (street, nearest cross street, suburb town)

.....
.....

6. At the time of the accident the Insured vehicle was: Parked Stationary Moving

7. Traffic controls

None Stop sign Traffic light Roundabout Give way sign Other

8. Number of vehicles

Involved.....

9. If applicable, what type of goods were being transported at the time of loss?

.....

10.Describe fully how accident occurred?

.....
.....
.....
.....



11. Who was at fault?

Name:

Please attach a sketch of the incident, indicating road, direction of travel, distance from kerb and identify your motor vehicle by (X).

F. DAMAGE TO INSURED'S VEHICLE

(Please complete questions F1 to F8 only if you are claiming for damage to your vehicle)

1. Where is the vehicle now?

.....

2. Name of repairer (if same as above please leave blank)

.....

3. Address

..... Postal Code

Tel no Fax no

4. Please list areas damaged by the accident

.....
.....
.....
.....
.....



5. Was the vehicle towed? Yes No

If "Yes", name of towing Company.....

6. Repairer's estimate
.....

7. Journey from To

8. For what purpose was the vehicle being used?
.....

G. DAMAGE TO OTHER VEHICLES OR PROPERTY

1. Owner's name
Tel

2. Address

3. Name of insurers
Branch

4. Other driver's name
Tel

5. Address

6. Make of vehicle Model
Type Registration number.....

7. Details of damage to other vehicles:
.....
.....
.....

8. Particulars of damage to other property:
.....
.....
.....

Note: All written communications from other parties must be forwarded immediately to this company unanswered. Under no circumstances may you as the owner or custodian of the insured vehicle admit liability at the scene of an accident or by way of correspondence etc.



H. OTHER PARTIES

Please give details of pedestrians, owners of property or owners of animals involved.

- 1. Name
- 2. Address
- 3. Name
- 4. Address
- 5. Details of any injuries:
.....
.....
.....

I. RESPONSIBILITY FOR ACCIDENT

- 1. If you were not to blame, who was?
- 2. Give reasons
.....
.....
.....

J. DETAILS OF WITNESS (ES)

- 1. Name of 1st witness
- 2. Address:.....
.....Postcode
- 3. Private Tel Business Tel
- Mobile Tel Fax
- 4. Was this witness in the insured vehicle? Yes No
- 5. Name of 2nd witness
- 6. Address
-Postcode
- 7. Private Tel Business Tel
- Mobile Tel Fax
- 8. Was this witness in the insured vehicle? Yes No



9. Did traffic or police attend the accident? Yes No

If "Yes", please state

10. Name Number.....

11. Where stationed.....

12. Was it alleged that anyone was under the influence of intoxicating liquor or drugs? Yes No

If so, who?.....

.....

13. Was written statement made to the traffic or police officer? Yes No

If "YES", please attach copy of statement.

Note: Should you as the owner or the custodian be required to attend court as a result of this claim, advise your employer and seek legal assistance prior to attending any hearing.

K. DECLARATION

I/we declare that:

The information and answered given above are correct to the best of my/our knowledge and belief.

I/We understood the claim may be refused or reduced if information is withheld.

I/We authorised Trans Pacific Assurance Limited to disclose information contained herein to Trans Pacific Assurance Limited advisors, reinsurers, and other insurers. I/We authorise Trans Pacific Assurance Limited to obtain from any other party information that is, in TransPacific Assurance Limited's view relevant to this claim.

Signature of Insured

Date/...../.....

L. SUPPORTING DOCUMENTS

Please confirm you have attached the following documents in order to assess your claim, without these documents we are unable to proceed:

1. Copy of Driver's License (driver of the vehicle at the time of the incident)
2. Copy of Registration Documents
3. Copy of Safety Sticker
4. 3 x Repair Quotes
5. Copy of Police Accident Report (where applicable)
6. Drivers Incident Statement
7. Witness Incident Statement
8. Copies of any 3rd party details (Letter of Demand, Copy of Driver's License, Copy of Repair Quotes)

Should any further documentation be required to finalise the claim, your claims advisor will update you.



M. BANK PAYMENT DETAILS FOR YOUR CLAIMS REIMBURSEMENT

Account Name	
Account Number	
Bank name	
Branch	
BSB number	

Email remittance address	
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Please ensure this section is completed and submitted with Claim application to ensure efficient payment processing.



Level 3, Credit House
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THE INTELLIGENT INSURER