



TAXI CLAIM FORM

TO BE USED FOR OTHER THAN
STOLEN OR BURNT OUT



CLAIM / CUSTOMER REF

OFFICE

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED. THE DRIVER DETAILS SHOULD BE COMPLETED BY THE ACTUAL DRIVER OF THE TAXI IF THE DRIVER IS DIFFERENT FROM THE INSURED.

IMPORTANT

Please read before completing this form.

Many of the fraudulent claims we receive are made as Motor Vehicle claims.

This usually has the result of increasing premiums and raising excesses.
Rather than penalising you - our honest and loyal clients whose support we value — we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated,
the total claim will be declined.

We will be carefully monitoring all claim information with the aim of
paying genuine claims quickly, stopping expensive fraudulent claims and
keeping your premiums down.

Thank you for your co-operation.

INSURED'S FULL NAME(S) :
Mr / Mrs / Miss / Ms

DATE(S) OF BIRTH :

TELEPHONE DAY :

TELEPHONE NIGHT:

POSTAL ADDRESS:

POSTCODE

INTERESTED PARTY :
(BANK, FINANCE COMPANY
ETC.)

POSTAL ADDRESS:

POSTCODE

INSURED TAXI

YEAR	MAKE AND MODEL	REG NO	V.I.N NO

Is the certificate of fitness current? Please ☒ appropriate box ☐ YES ☐ NO
 Is there any other insurance on this taxi ☐ YES ☐ NO

If NO, why?
 If YES, with whom?

THE DRIVER OR PERSON IN CHARGE OF THE TAXI

Full Name (Mr/Mrs/Miss/Ms)
 Address
 Occupation Phone: (day) (night)

Date of Birth/...../..... Licence No. Date of Issue/...../.....
 Type of Licence at the time of accident: ☐ FULL ☐ RESTRICTED ☐ LEARNERS Expiry Date/...../.....

1. Was the driver the: ☐ OWNER ☐ EMPLOYEE ☐ FAMILY MEMBER IF OTHER SPECIFY WHOM

For questions 2-6 where ☒ YES, please supply details:

2. Was the taxi being driven without the owner's knowledge and consent? ☐ YES ☐ NO
3. Had the driver taken any medication in the 24 hours prior to the accident? ☐ YES ☐ NO
4. Had alcohol and/or drugs been consumed by the driver in the 24 hours prior to the accident? ☐ YES ☐ NO
5. Was a breathalyzer, or blood test, or other test required? ☐ YES ☐ NO
6. In the last five years has the driver:
- a) Had any insurance cancelled or refused? ☐ YES ☐ NO
- b) Had a driving licence endorsed, suspended or cancelled? ☐ YES ☐ NO
- c) Committed, been charged with or convicted of any criminal or traffic offence (other than parking)? ☐ YES ☐ NO
- d) Been convicted of driving while under the influence of drugs or alcohol? ☐ YES ☐ NO
- e) Had any previous accidents or made a claim on a motor vehicle insurance policy? ☐ YES ☐ NO

Insurance Company

DAMAGE TO VEHICLES INVOLVED IN ACCIDENT

A) INSURED TAXI

Describe the damage to the taxi (e.g. bumper and right rear panel)

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Was a trailer being towed at the time of the accident? ☐ YES ☐ NO

If YES was there any damage to the trailer? ☐ YES ☐ NO

Is the taxi driveable? ☐ YES ☐ NO

Amount of estimate for repairs (attach quote if possible) ...\$.....

Where and when can it be inspected?

B) OTHER VEHICLES INVOLVED IN ACCIDENT

Owner's name

Address

.....Phone

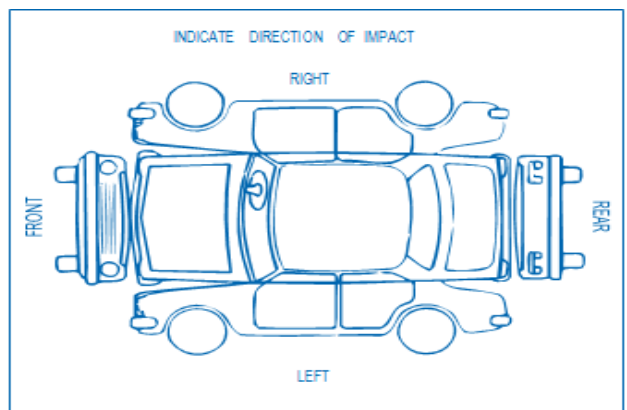
Make/Model Reg. No.....

Insurance Coy

Third Party Driver's Name

Address

Mark with an "X" all areas damaged on **your** vehicle in the accident.



* ALL WRITTEN COMMUNICATIONS FROM ANY OTHER PARTY MUST BE FORWARDED IMMEDIATELY TO US

POLICE DETAILS
Please read this carefully

Did the Police attend the scene? ☐ YES ☐ NO
If NO, have the Police been notified of the loss? ☐ YES ☐ NO
If YES, which Police Station was the loss reported to?
On which date?/...../..... Police File / Event Number
Have the Police recovered any property? ☐ YES ☐ NO
N.B. Please attach the Police Form in all cases of theft or loss.
Has the loss been advertised in any newspapers ☐ YES ☐ NO
If YES, Paper Date/...../.....
Other action taken to recover property

WHAT HAPPENED

Date of Accident/...../..... **Time of Accident** AM / PM
Were there any independent witnesses (not passengers in your taxi) ☐ YES ☐ NO If YES, give details:
Witness 1 Name Phone No.....
Address
Witness 2 Name Phone No.....
Address
Were there any passengers aged 15 years or older in your taxi at the time of the accident? ☐ YES ☐ NO If YES, give details:
Passenger 1 Name Phone No.....
Address
Passenger 2 Name Phone No.....
Address
Exact location of accident (show street and town):
Where had you been and where were you going?
What purpose was the vehicle being used for at the time of the accident? ☐ Taxi ☐ Private Use
What weather conditions applied at the time of the accident? ☐ Fine ☐ Rain ☐ Overcast ☐ Dusk ☐ Dark ☐ Daylight
Give full and precise details as to how the accident occurred.

Please provide a sketch diagram of the accident. Mark your taxi as A. Show road signs / markings

What speed were you travelling prior to the accident?/kmph The other vehicle(s) speed?/kmph
Whom do you consider to be at fault? (give reason)
Did either party admit liability? ☐ YES ☐ NO If YES, give details
Has anyone been charged with any offence in connection with the accident? ☐ YES ☐ NO
If YES, give details (Who/Type of charge)
Did accident cause damage to property (i.e fences, walls, posts etc.) of others? ☐ YES ☐ NO
If YES provide their name, address, phone number and details:
Please give details of anything else you feel may be relevant to this accident
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.....

DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO, further details will need to be provided below in the box headed 'Exceptions to this Declaration'.

I/We declare that:

- All the statements in this claim form and any additional schedules are correct.
- The taxi and/or accessories are correctly described in this form and were lost, stolen or damaged under the circumstances described overleaf.
- I/We have told THE INSURANCE GROUP and CLUB AUTO everything relevant to this claim.

Please Tick

☐ YES ☐ NO

☐ YES ☐ NO

☐ YES ☐ NO

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by THE INSURANCE GROUP, CLUB AUTO or TOWER to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/We do provide incorrect information, CLUB AUTO or TOWER may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify THE INSURANCE GROUP, CLUB AUTO or TOWER immediately and return the property to CLUB AUTO or will refund to CLUB AUTO or TOWER the value of the recovered items.

I/We authorise THE INSURANCE GROUP, CLUB AUTO or TOWER to obtain or release personal information about me/us from any other party.

I/We authorise THE INSURANCE GROUP or CLUB AUTO to obtain if required a copy of the policy report from the Police relating to this claim.

Exceptions to this Declaration:

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Insured's Signature

Witness Signature

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

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

Driver's Signature

Witness Signature

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

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