





<p>(k)</p> <p>(j)</p>	<p>Was anything paid, given or arranged for the use of the vehicle.....</p> <p>Give details.....</p> <p>Do you suffer from any physical or mental defect, infirmity or impairment.....</p> <p>.....</p>
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<p>(4)</p> <p><b>PASSENGERS</b></p>	<p>NAMES.....</p> <p>ADDRESSES.....</p> <p>.....</p> <p>Telephone Numbers.....</p> <p>Relationship to Insured/Driver.....</p>
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<p>(5)</p> <p><b>INDEPENDENT WITNESSES</b></p>	<p>NAMES.....</p> <p>ADDRESSES.....</p>
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<p>(6)</p> <p><b>THE OTHER PARTY/PARTIES</b></p>	<p>NAMES.....PHONE No.....</p> <p>ADDRESSES.....BOX No.....</p> <p>OCCUPATIONS.....INSURANCE Co.....</p> <p>(a) VEHICLE MAKE &amp; MODEL:.....REG No.....</p> <p>(b) VEHICLE MAKE &amp; MODEL:.....REG No.....</p> <p>YEARS (a)..... (b).....</p>
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<p>(7)</p> <p><b>POLICE : HAVE YOU</b></p>	<p>Reported the accident/Loss to Police.....</p> <p>Date Reported.....Police Station.....</p>
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<p>(8)</p> <p><b>INJURIES OR FATALITIES</b></p>	<p>NAMES.....</p> <p>ADDRESSES.....</p> <p>SEXES.....</p> <p>DETAILS OF INJURIES, etc.....</p> <p>.....</p> <p>where any of the above persons in the Insured's vehicle.....whom.....</p> <p>.....</p> <p>HAS A CLAIM BEEN MADE VERBALLY OR OTHERWISE AGAINST YOU.....</p> <p><b>If any written notice or claim received, please forward the communication at once to the Company without replying.</b></p>
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<p>(9)</p> <p><b>DAMAGE</b></p>	<p><b>INSURED VEHICLE</b></p> <p>(a) Where is Vehicle.....</p> <p>(b) Damage sustained.....</p> <p>(c) Estimated Cost of Repair \$.....</p> <p><b>OTHER VEHICLES OR PROPERTY</b></p> <p>(a) Description of Property.....</p> <p>(b) Damage Sustained.....</p>
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**S K E T C H**

**Indicate North**

