

## MOTOR ACCIDENT CLAIM FORM

**FAX COMPLETED FORM**  
865036135



P O Box 4079  
Edenvale  
1610  
DATE:

<b>General</b>	Policy no <input style="width: 90%;" type="text"/> Insured <input style="width: 90%;" type="text"/> I.D. num <input style="width: 90%;" type="text"/> Contact name <input style="width: 90%;" type="text"/> Address <input style="width: 90%;" type="text"/>	Broker <input style="width: 90%;" type="text"/> Initials <input style="width: 40%; border-right: 1px solid black;" type="text"/> Title <input style="width: 50%;" type="text"/> Vat reg no <input style="width: 90%;" type="text"/> Tel no (w) <input style="width: 90%;" type="text"/> Cel no(w) <input style="width: 90%;" type="text"/> Occupation <input style="width: 90%;" type="text"/>
<b>Loss</b>	Date of loss <input style="width: 80%;" type="text"/> Time of loss <input style="width: 80%;" type="text"/>	Place of loss <input style="width: 90%;" type="text"/>
<b>Insured vehicle</b>		
	Make <input style="width: 80%;" type="text"/> Model <input style="width: 80%;" type="text"/> Colour <input style="width: 80%;" type="text"/> Tare <input style="width: 80%;" type="text"/> GVM <input style="width: 80%;" type="text"/> Year <input style="width: 80%;" type="text"/> Engine no <input style="width: 80%;" type="text"/> Vin no: <input style="width: 80%;" type="text"/> Registration number <input style="width: 80%;" type="text"/> Date of purchase <input style="width: 80%;" type="text"/> Year <input style="width: 80%;" type="text"/>	
	Financing details Finance company <input style="width: 80%;" type="text"/> N/A Type of agreement <input style="width: 80%;" type="text"/> N/A Account number <input style="width: 80%;" type="text"/> N/A	
<b>Vehicle damage</b>		
	Describe damage <input style="width: 90%;" type="text"/> Inspection address <input style="width: 90%;" type="text"/> Estimated cost of repair / see quotations <input style="width: 90%;" type="text"/>	
<b>Drivers details</b>		
	I.D.number <input style="width: 90%;" type="text"/> Surname <input style="width: 40%; border-right: 1px solid black;" type="text"/> Initials <input style="width: 20%; border-right: 1px solid black;" type="text"/> Title <input style="width: 40%;" type="text"/> Address <input style="width: 90%;" type="text"/> Tel no (c) <input style="width: 40%; border-right: 1px solid black;" type="text"/> (w) <input style="width: 50%;" type="text"/> Occupation <input style="width: 90%;" type="text"/>	
Driver's license details (attach copy of I.D document and license)		
	Learner driver <input style="width: 80%;" type="text"/> Code <input style="width: 80%;" type="text"/> Date issued <input style="width: 80%;" type="text"/> Limitations <input style="width: 80%;" type="text"/> Has license been endorsed ? <input style="width: 80%;" type="text"/> Case num <input style="width: 80%;" type="text"/>	
	Prior convictions ? <input style="width: 90%;" type="text"/>	
	The purpose for which the vehicle is used ? <input style="width: 90%;" type="text"/> Was he/she driving with your permission ? <input style="width: 40%; border-right: 1px solid black;" type="text"/> <input style="width: 50%;" type="text"/>	
	Was he/she in your employ ? <input style="width: 40%; border-right: 1px solid black;" type="text"/> <input style="width: 50%;" type="text"/>	
	Was he/she tested for drugs/alcohol ? <input style="width: 40%; border-right: 1px solid black;" type="text"/> <input style="width: 50%;" type="text"/>	
	Do they own their own vehicle ? <input style="width: 40%; border-right: 1px solid black;" type="text"/> <input style="width: 50%;" type="text"/> If yes, advise name of insurer and policy no.	
	Name of Insurer <input style="width: 90%;" type="text"/> Policy number <input style="width: 90%;" type="text"/> Details of previous accidents <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/> <input style="width: 90%;" type="text"/>	

<b>Passengers of insured vehicle</b>	
1 . Name	<input type="text"/>
Address	<input type="text"/>
Injury	<input type="text"/>
2 . Name	<input type="text"/>
Address	<input type="text"/>
Injury	<input type="text"/>

<b>Other parties</b>			
1 . Name of driver	<input type="text"/>	Tel:	<input type="text"/>
Registration number	<input type="text"/>	Make	<input type="text"/>
Model	<input type="text"/>	Colour	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>		
2 . Name of driver	<input type="text"/>	Tel	<input type="text"/>
Registration number	<input type="text"/>	Make	<input type="text"/>
Model	<input type="text"/>	Colour	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>		
<b>Property other than vehicles</b>			
Name of owner	<input type="text"/>	Tel	<input type="text"/>
Address	<input type="text"/>		
Address	<input type="text"/>		
Details of damage	<input type="text"/>		
	<input type="text"/>		

<b>Injured persons other than insured</b>	
1 . Name	<input type="text"/>
Address	<input type="text"/>
Injury	<input type="text"/>
2 . Name	<input type="text"/>
Address	<input type="text"/>
Injury	<input type="text"/>

<b>Witnesses</b>			
1 . Name	<input type="text"/>	Tel	<input type="text"/>
Address	<input type="text"/>		
2 . Name	<input type="text"/>	Tel	<input type="text"/>
Address	<input type="text"/>		

<b>Police details</b>	
Name of attending officer	<input type="text"/>
Name of police station	<input type="text"/>
Telephone number of station	<input type="text"/>
Case no	<input type="text"/>

<b>Accident details</b>			
Speed before accident	<input type="text"/> kph	Moment of impact	<input type="text"/> kph
Weather conditions	<input type="text"/>	Visibility	<input type="text"/>
Road surface	<input type="text"/>	Width of road	<input type="text"/>
Vehicle lights used ?	<input type="text"/>	Street lighting	<input type="text"/>
Was any warning given by you ? (hooting, flashing lights etc)	<input type="text"/>		
	<input type="text"/>		

Description of accident


Banking details

We recommend that payments be made directly to insured's account to avoid fraud and delays

Method of payment                      Deposit to bank account                            Cheque     

If payment is made to bank account, please furnish the following:

Name of account holder                        
Type of account(credit card, cheque,etc)        
Account number                            Branch code        
Name of Branch                     

(Please attach cancelled or used cheque for verification)

License Inspected

I have inspected the driver's license and found it free of endorsements as shown

Signature:    Capacity : \_\_\_\_\_    Date: \_\_\_\_\_

Please attach copies of drivers license and identity document

Declaration

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

Date: \_\_\_\_\_

Signature of insured:    Capacity: \_\_\_\_\_

NB !! IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

SKETCH OF ACCIDENT

