

P O Box 4079
Edenvale
1610
DATE:

MOTOR ACCIDENT CLAIM FORM



Email Completed Form
claims@paradigmrisk.co.za

General

Policy no.		Broker		
Insured		Initials		Title
I.D No.		VAT Reg No.		
Contact Name		Tel No. (W)		
Address		Cell No. (W)		
		Occupation		

Loss

Date of loss		Place of loss	
Time of loss			

Insured vehicle

Make		Model		Colour	
Tare		GVM		Year	
Engine No.		VIN No.			
Registration No.		Date of purchase		Year	

Financing Details

Finance company	N/A
Type of Agreement	N/A
Account No.	N/A

Vehicle Damage

Financing Details	
Inspection address	
Estimated cost of repair / see quotations	

Driver's Details

I.D No.		Initials		Title	
Surname					
Address					
Tel No. (c)		(w)			
Occupation					

Driver's license details (attach copy of I.D document and license)

Learner driver	<input type="checkbox"/> Y	<input type="checkbox"/> N			
Code		Date issued		Limitations	
Has license been endorsed?	<input type="checkbox"/> Y	<input type="checkbox"/> N	Case No.		

Prior convictions?	

The purpose for which the vehicle is used ?

Was he/she driving with your permission ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Was he/she in your employ ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Was he/she tested for drugs/alcohol ?	<input type="checkbox"/> Y	<input type="checkbox"/> N
Do they own their own vehicle ?	<input type="checkbox"/> Y	<input type="checkbox"/> N

If yes, advise name of insurer and policy no.

Name of Insurer	
Policy no.	
Details of previous accidents	

Passengers of insured vehicle

1. Name	
Address	
Injury	
2. Name	
Address	
Injury	

Other parties

1. Name of driver		Tel	
Registration No.		Make	
Model		Colour	
Address			
2. Name of driver		Tel	
Registration No.		Make	
Model		Colour	
Address			

Property other than vehicles

Name of owner		Tel	
Address			
Details of damage			

Injured persons other than insured

1. Name	
Address	
Injury	
2. Name	
Address	
Injury	

Witnesses

1. Name	
Address	
2. Name	
Address	

Police details

Name of attending officer			
Name of police station			
Telephone number of station		Case No.	

Accident details

Speed before accident kph
Weather conditions
Road Surface
Vehicle lights used?

Moment of impact kph
Visibility
Width of road
Street lighting

Was any warning given by you ? (hooting, flashing lights etc)

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

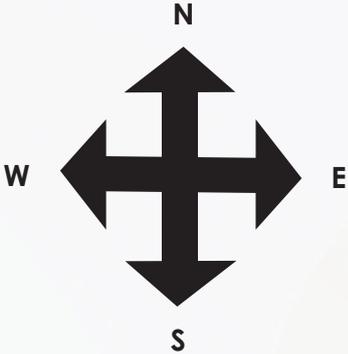
Declaration

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

Signature of insured: _____ Capacity: _____ Date: _____

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

SKETCH OF ACCIDENT



A large empty rectangular box for sketching the accident scene.