

Passengers of insured vehicle

1. Name
Address

Injury

2. Name
Address

Injury

Other parties

1. Name of driver
Registration No.
Model
Address

Tel
Make
Colour

2. Name of driver
Registration No.
Model
Address

Tel
Make
Colour

Property other than vehicles

Name of owner
Address

Tel

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	Moment of impact	kph
Weather conditions		Visibility	
Road Surface		Width of road	
Vehicle lights used?		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
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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

