

## MOTOR ACCIDENT CLAIM

### INSURED AND BROKER DETAILS

Policy no. _____	Broker _____	
Insured	Name _____	ID no./Co. reg. no. _____
	Occupation _____	Tel no.    W _____    H _____
	Email address _____	Cell _____    Fax _____
	Physical address _____	Code _____

### VEHICLE

Make _____	Model _____	Year _____
Kilometres completed _____	Registration no. _____	
Registered Owner _____		
Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement		YES      NO
If YES,	Name of finance company _____	Account no. _____
	Physical address or branch _____	

### DRIVER

Full name _____	Identity no. _____
Address _____	Contact no. _____
	Code _____

#### Driver's Licence

Code _____	Date of first issue (DD/MM/YYYY) _____	Endorsements _____
Who is the principal (regular) driver of this vehicle – please mark		Insured      Spouse      Other
If other, please specify _____		
State fully the purpose for which the vehicle was being used _____		
Was the driver driving with your permission	Please mark	YES      NO      N/A
Was the driver in your employ	Please mark	YES      NO      N/A
Does the driver have any motor insurance on his/her own vehicle	Please mark	YES      NO      N/A
If YES, state company _____	Policy no. _____	
Details of previous accidents of the driver (specify) _____		
Details of any convictions for motoring offences _____		

### PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For what purpose were they being transported	_____
Are they employees	_____

**THIRD PARTY INJURIES (Persons injured other than in the Insured Vehicle)**

Name	Driver/Passenger or pedestrian	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THIRD PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE (This is compulsory for recovery purposes)**

**VEHICLE 1** Make and model \_\_\_\_\_ Year \_\_\_\_\_ Registration no. \_\_\_\_\_  
 Name of driver \_\_\_\_\_ Name of owner \_\_\_\_\_  
 Owner's address \_\_\_\_\_ Contact no. \_\_\_\_\_

**Insurance Details**

Policy no. \_\_\_\_\_ Insurance company \_\_\_\_\_  
 Contact no. \_\_\_\_\_ Contact person \_\_\_\_\_

**VEHICLE 2** Make and model \_\_\_\_\_ Year \_\_\_\_\_ Registration no. \_\_\_\_\_  
 Name of driver \_\_\_\_\_ Name of owner \_\_\_\_\_  
 Owner's address \_\_\_\_\_ Contact no. \_\_\_\_\_

**Insurance Details**

Policy no. \_\_\_\_\_ Insurance company \_\_\_\_\_  
 Contact no. \_\_\_\_\_ Contact person \_\_\_\_\_

**DAMAGE TO PROPERTY (NON-MOTOR)**

Name of Owner	Address of Owner	Details of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WITNESSES (This section is compulsory for recovery purposes)**

Name	Address	Contact Details	Passenger (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ACCIDENT DETAILS**

**DAMAGE**

Area of damage to own vehicle \_\_\_\_\_  
 Estimate for repairs or attach quotation R \_\_\_\_\_  
 Repairer's name \_\_\_\_\_ Contact no. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of accident (DD/MM/YYYY) \_\_\_\_\_ Time of accident (hh:mm) \_\_\_\_\_  
 Physical address where accident occurred \_\_\_\_\_

**Speed:**

Before accident \_\_\_\_\_ Moment of impact \_\_\_\_\_

**Conditions:** (please mark)

Weather	WET	DRY	Visibility	GOOD	POOR
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE
Street lighting	YES	NO			

**Police details:**

Did the police attend the scene YES      NO

Name of police/traffic officer who recorded details of accident \_\_\_\_\_

Police station \_\_\_\_\_ Reference no. \_\_\_\_\_

Date reported to the police \_\_\_\_\_

Was the driver tested for alcohol/drugs YES      NO

**Full description of accident**

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**Sketch of accident**

(Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.)

**DECLARATION**

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Signature of Insured \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Signature of driver (if not Insured) \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.**