

## MOTOR ACCIDENT CLAIM FORM

### INSURED & BROKER DETAILS

Policy No.				Broker			
Insured:	Name				ID No./Co. Reg. No.		
	Occupation				Tel No.	W	H
	E-mail 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			ID 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? \_\_\_\_\_

**DID YOU RECEIVE ANY MONEY/COMPENSATION FROM THE THIRD PARTY IN RESPECT OF THE ACCIDENT?**      **Yes**      **No**

**\*note: in terms of the law of subrogation should you receive any money/compensation from the third party in respect of the accident you are prejudicing the insurers rights in respect of the potential recovery. This includes any monies/compensation in respect of your excess.**

**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 & 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 & 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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

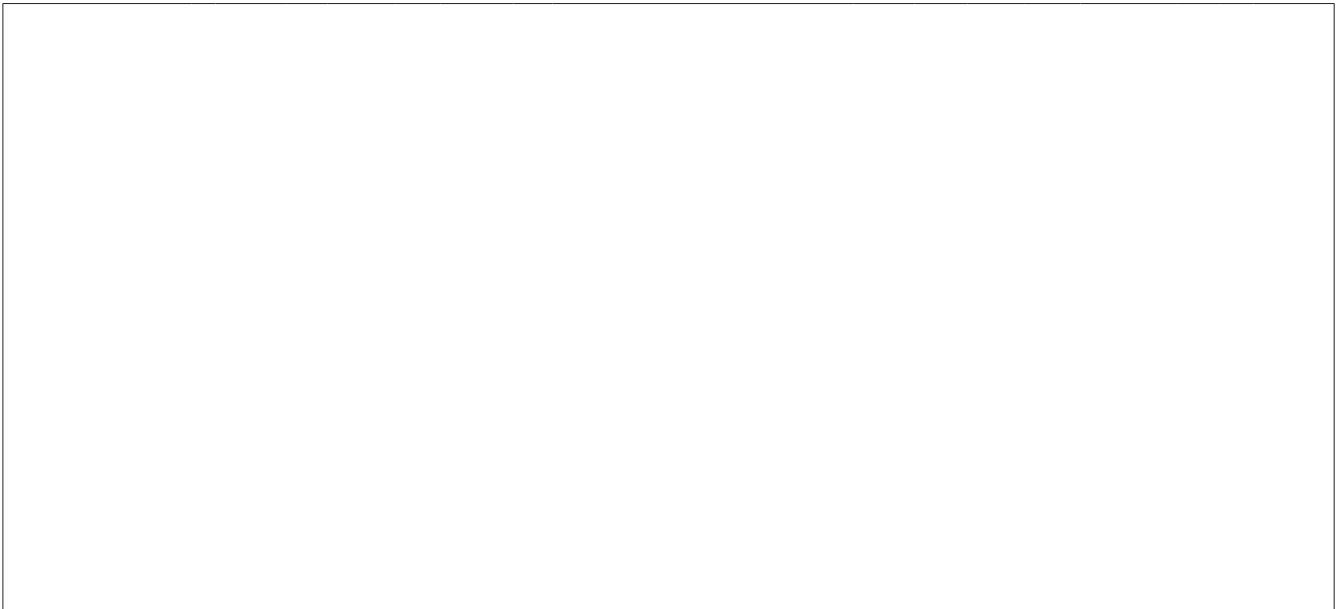
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 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 have 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.**