

**MOTOR ACCIDENT CLAIM FORM**

**Policy Details**

Insurer	
Broker	
Policy No.	

**Insured Details**

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Numbers	Work		Cell

**Registered Owner of Vehicle**



Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Numbers	Work		Cell




**Vehicle Information**

Date Purchased	
Purchased Price	
New or Second Hand	
Make	
Model	
Year of Manufacture	
Registration No.	
Chassis No. (VIN)	
Engine No.	
Kilos Completed	

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**Financing Details**

Is Vehicle Currently Subject to 	Instalment-Sale Agreement	Yes		No	
	Lease Agreement	Yes		No	
	Any Other Type of Agreement	Yes		No	
Name of Finance Company & Telephone No.					
Date Agreement entered into					
Account Number					
Amount Outstanding					

**Damage**

Damage to own vehicle	
Estimates for Repair (Attach Quotations)	
Repairer's Name	Repairer's Tel No
Repair's address	
State where can the vehicle be inspected	

**Police**

Police Station	Name of Officer who recorded details of accident		
Telephone			
Reference			
Date Reported		Time	

**Driver Details**

Title, Initials & Surname					
Occupation					
Identity Number					
Residential Address					
Employer Name					
Work Address					
E-mail Address					
Telephone Numbers	Tel		Cell		
Driver's License Details	Code	Place of issue	Date of Issue		
State the Purpose for which the Vehicle was being used					
Was He/She driving with your permission : YES / NO					
Is He/She in your employ: YES / NO					
Is He/She an owner of another vehicle: YES / NO					

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If yes provide name of Insurer and Policy Number
Details of any convictions for motoring offences
Has license ever been endorsed: YES / NO
Has there been any Physical Defects ( If YES please state details): YES / NO
Details of previous accidents

**Passenger Details**

Were there any passengers in the insured vehicle, If so please state their name, address and Telephone Numbers below		
NAME	ADDRESS	TELEPHONE NUMBER
Are they employees: YES/NO		
For what purpose where they being transported		

**Witness Details**

Name	Address	Telephone number

**Other Party Details**

Registration number	Make and Model of vehicle	Name and address of owner and driver	Telephone number	Damage details
Damage to property other than vehicles (indicate damage)				

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**Injuries**

Name of Injured person	Relationship to accident (e.g. Passenger, driver or Third Party)	Details of Injuries	Name of Hospital

**Accident Details**

Description of accident	Date		
	Time		
	Place		
	Speed before Accident		Speed at moment of impact
	Weather condition at time of accident		Visibility
	Road Surface		Width of road
	State which vehicles lights were on		Condition of Street Lighting
	Was any warning given by you		Was driver/s tested for Alcohol or drugs
Description of Incident			
Was a load being transported at the time of the accident: YES/NO			
If yes what was the commodity			

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Sketch of Accident - (If necessary us a separate page)

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

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated: \_\_\_\_\_ / \_\_\_\_\_ / 20 \_\_\_\_\_

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name: \_\_\_\_\_ Witnessed by: \_\_\_\_\_

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

Driver Signature: \_\_\_\_\_ Name: \_\_\_\_\_ Tel No: \_\_\_\_\_