

## 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 (at time of accident)

Full name \_\_\_\_\_ ID No. \_\_\_\_\_

Address \_\_\_\_\_ Contact No. \_\_\_\_\_

Code \_\_\_\_\_

Driver's occupation \_\_\_\_\_

### 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 reason 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) \_\_\_\_\_

### 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 & 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 \_\_\_\_\_  
 Is the insured vehicle drivable    YES    NO    If No, location of 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 \_\_\_\_\_



**DECLARATION**

We hereby declare all particulars to be true in every respect.

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.**