



# MOTOR VEHICLE ACCIDENT CLAIM FORM

## INSURED

Name of Insured:	
Physical Address: .....	Postal Address:.....
..... Code .....	..... Code .....
Policy No:	Vat No:
Business Ph No:	Cell No:

## VEHICLE

Reg. No:	Make:	Model:	Year:
Tar:	Gross Vehicle Mass:	Kilometers:	Price Paid: R
Chassis No:	Engine No:	Date Purchased:	
Current Value of Vehicle: R	Name of Registered Owner:		

## FINANCE COMPANY (if vehicle subject to hp/lease agreement)

Name:	Branch:
Account No:	Agreement Type:
Outstanding Amount: R	

## DAMAGE

Description of damage to own vehicle: ..... ..... ..... ..... ..... ..... .....	
Estimate for repairs or attached quotation: R	
Repairers Name:	Place:
Police Station:	

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## DRIVER

Full name:			
Address:			
Occupation:		Identity No:	
Driver's Licence no:	Date:	Place:	Code:
Full / Learners:	For what purpose was the vehicle being used?:		
Was He/She driving with your permission?:		Was He/She in your employ?:	
Is He/She the owner of another vehicle? If 'Yes' give insured name and policy no:			
Details of any convictions for motor offences:			
Has the licence ever been endorsed?:			
Has He/She any physical defects?:			
Details of previous accidents:			

## PASSENGERS

### PASSENGERS IN INSURED VEHICLE

Name	Address	Injury
.....	.....	.....
.....	.....	.....
.....	.....	.....

For what purpose were passengers being carried?:

Are they employees?:

## OTHER PARTY

Other Vehicles	Reg No	Make	Name and address of owner	Damages
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

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## OTHER PARTY (Cont)

Property other than vehicles	Name and of owner	Details of damages
.....	.....	.....
.....	.....	.....
.....	.....	.....

Personal Injuries (other than in insured vehicle)	Name of injured	Relationship to accident e.g. driver passenger etc.	Details of Injuries	Name of hospital if applicable
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

## WITNESSES

Name:  Tel No:

Address:   
Code:

Name:  Tel No:

Address:   
Code:

## ACCIDENT

Date:  Time:

Place:

Speed:  Before accident:  Moment of Impact:

Weather Conditions:  Visibility:

Road Surface:  Width of Road:

Were the vehicle's lights on?:  Street Lighting:

Was any warning given by you, e.g. hooting, indicator etc.?:

Name of police station where accident was reported.:

Name of police/traffic officer who recorded accident details:

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## ACCIDENT (cont.)

Was our driver tested for alcohol or drugs?:

Was third party tested for alcohol or drugs?:

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 (if necessary use a separate page) Give details of any road safety signs or warning signs in vicinity of scene of accident.

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## THIRD PARTY DETAILS

Third party's names:		
Third party's ID No:	Cell No:	
Home No:	Work No:	Fax No:
Address:		Code .....
Vehicle:	Reg No:	
Insurance Company:	Claim No:	
Tel No:	Fax No:	

## DECLARATION

I / We warrant the truth of the answers to the above questions and I / We declare that no information has been withheld and / or that any misrepresentation has been made and that the amount claimed represents my / our loss arising from the above stated occurrence.

Signature of Driver:

Signature of Insured:

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed at:

**PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF DRIVERS IDENTITY DOCUMENT**

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.**