

MOTOR ACCIDENT CLAIM FORM

Policy number:		Claim number:	
Broker/agent:			

1. INSURED

Name:		Occupation:	
VAT registration:		Identity number:	
Address:			
		Contact no:	

2. VEHICLE

Make:		Model and year:	
Tare:		Mileage:	
Registration:		Value:	
Date of purchase:		Price paid:	
Is vehicle subject to Hire purchase, credit or leasing agreement?	Y	If Yes, name of finance company:	
	N		
In whose name is the vehicle registered?			

3. DAMAGE

Damage to vehicle:			
Estimate for repairs:	R	(Please attach quotation)	
Repairer's name:		Repairer's contact:	
Repairer's address:			
Where can your damaged vehicle be inspected?			

4. DRIVER

Full name:		Occupation:	
Address:			
Identity number:			
DRIVER'S LICENCE:			
Number:		Date:	
Place:		Code:	
Full:	Y	Learner:	Y
	N		N



Endorsed:	Y		If Yes, details:		
	N				
Purpose for which vehicle was used:			Was the driver using the vehicle with your permission?	Y	
				N	
Was the driver in your employ?	Y		Does the driver have any disability?	Y	
	N			N	
Is the driver the owner of another vehicle?	Y		Driver's offence convictions?	Y	
	N			N	
If Yes, please give details:			Previous accidents:	Y	
				N	
If Yes, please give details:					

5. PASSENGERS IN INSURED VEHICLE

Name	Address	Injury	Purpose of carry
Are they employees?	Y	N	

6. OTHER VEHICLES

Registration no	Make & model	Name of owner and driver	Address of owner and driver

7. PROPERTY OTHER THAN VEHICLES

Name and address of owner	Details of damage

8. PERSONAL INJURIES (OTHER VEHICLE)

Name of injured	Relationship to accident	Details of injuries	Name of hospital



9. WITNESSES

Name:		Contact no:	
Address:			
Name:		Contact no:	
Address:			

10. ACCIDENT

Date:		Time:	
Place:			
Speed before accident:	kph	Speed at moment of impact:	kph
Weather conditions:		Visibility:	
Road surface:		Width of road:	
Which vehicle lights were on?		Street lighting:	
Did you give any warning?	Y	If Yes, please give details:	
	N		
Was driver tested for alcohol or drugs?	Y	If Yes, please give details:	
	N		

DESCRIPTION OF ACCIDENT

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POLICE DETAILS:

Name of officer:			
Police station:		Reference no:	



SKETCH OF ACCIDENT

PLEASE SHOW CLEARLY THE POINT OF IMPACT AND INDICATE THE DIRECTION OF TRAVEL BY ARROWS. GIVE DETAILS AND ANY ROAD SAFETY SIGNS OR WARNING SIGNS IN THE VICINITY OF THE SCENE OF THE ACCIDENT.

11. LICENCE INSPECTED

I HAVE INSPECTED THE DRIVER'S LICENCE AND IT IS FREE OF ENDORSEMENTS / ENDORSED AS SHOWN.
(PLEASE ATTACH COPIES OF DRIVER'S LICENCE AND PAGE 1 OF DRIVER'S IDENTITY DOCUMENT)

Signature:		Capacity:	
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12. DECLARATION

WE DECLARE THAT THE PARTICULARS IN THIS FORM ARE TRUE IN EVERY RESPECT.

Driver's signature:		Date:	
Insured's signature:		Date:	

NB:

1. It is important that you notify the insurer immediately you become aware of any impending prosecution, inquest or demand.
2. Any personal injuries noted must be reported separately to the multilateral motor vehicle accident fund without delay.



Elite Company. Reg No: 2018/275355/07

UNDERWRITTEN BY:



OLD MUTUAL INSURE LIMITED,
REGISTRATION NUMBER 1970/006619/06.
A LICENSED FSP AND NON-LIFE INSURER.