

VAPS Insurance Underwriters | Motor Accident Claim Form

Inception Date of Policy:

Policy Number:

1. Broker Details

Brokerage Name:

Contact Person:

2. Insured Details

Trading Name:

Previous Trading Name:

VAT Number:

Company Reg/ID Number:

Type of Business:

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Tel/Cell Nr:

Email Address:

3. Vehicle Details

Make:

Model:

Year:

Registration:

VIN Number:

Date Purchased:

Price Paid:

Kilometers Completed:

Is the Vehicle Still Under Finance: Yes  No

Name of Finance Company:

Address:

Settlement Amount:

Contact Number:

Account Number:

Was Towing Arranged Through the VAPS Assist Line: Yes  No

Is the Vehicle Drivable: Yes  No

Towing Ref Number:

Is the Vehicle Subject a Motor Plan or Warranty: Yes  No

Is the Vehicle Incurring Storage Costs at Present: Yes  No

Is There Damage To Your Own Vehicle: Yes  No

Estimate for Repairs or Attach Quotation:

Repairer Name:

Repairer Contact Number:

Address Where Your Damaged Vehicle Can Be Inspected:

#### 4. Trailer Details

##### Trailer 1

Make:  Model:  Year:   
Registration:  VIN Number:

##### Trailer 2

Make:  Model:  Year:   
Registration:  VIN Number:

#### 5. Driver Details

Name:  Surname:  ID Number:   
Occupation:  Tel Number:   
Does the Driver Have a Valid South African Drivers Licence: Yes  No  If No, Please Specify:   
Drivers Licence Code:  Date of First Issue:   
Place Licence Obtained:  Expiry Date:   
Has Licence Ever Been Endorsed: Yes  No   
Has He/She Any Physical Defects: Yes  No   
Any Previous Accidents or Losses: Yes  No   
Was He/She Driving With Your Permission: Yes  No  Is He/She Employed by You: Yes  No   
Driver Signature:  Date Signed:

#### 6. Third Party Details

Name:  Surname:  ID Number:   
Make:  Model:   
Year:  Registration:   
Tel Number:  E-mail Address:   
Is the Vehicle Insured: Yes  No  Insurance Company:   
Does the Third Party Have a Valid Licence: Yes  No  Licence Number:   
Will the Third Party be Claiming for Damages: Yes  No  Cost of Damages:   
Details of Damages:

#### 7. Police Details

Police Station:  SAP Reference Number:   
Was the driver tested for alcohol or drugs:  Yes  No  Date Reported:

**8. Accident Details**

Date:  Time:

Place:

Speed Before Accident km/h:  Moment of Impact km/h:

Weather Conditions:  Visibility:

Road Surface:  Width of Road:

Was Any Warning Given By You? E.g Hooting, Indication ect:

Is There Any Video Footage of the Accident: Yes  No  Can you Supply Us With the Video Footage: Yes  No

**Description of Accident:**


**Scetch of Accident:**

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## 9. Declaration

I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my behalf and on behalf of any person represent herein. I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored and in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.

I consent to such information being disclosed to any other insurance company or its agents.

I acknowledge that the information may be verified against legally recognized sources or databases

I/We hereby authorised that the insurance company can do the necessary validation checks for the drivers licence of the driver and when the drivers licence is not a South African drivers licence in terms of a new claim.

I/We hereby authorised that the insurance company can do the necessary validation checks for the PDP of the driver in terms of a new claim.

Name of Driver:  Signature of Driver:

Name of Authorised Signature:

Signature:  Date:   
Place: