



## MOTOR CLAIM FORM

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**The Terraces, Block B, Silverwood Close, Steenberg Office Park, 7945**

The claim form must be completed with correct and factual data. All information must be disclosed even if not specifically asked for. Delete sections not applicable.

|                                      |   |              |                             |                   |            |    |
|--------------------------------------|---|--------------|-----------------------------|-------------------|------------|----|
| <b>Insured</b>                       | Name  |              | Policy Number               |                   |            |    |
|                                      | Address   |              |                             |                   |            |    |
|                                      | Telephone   |              | Cell                        |                   | E-Mail     |    |
| <b>Vehicle</b>                       | Registered Owner  |              | Make                        |                   | Model      |    |
|                                      | Year  |              | Registration Number         |                   |            |    |
|                                      | Any Existing Damage   |              | HP/Credit/Leasing Agreement |                   | Yes        | No |
|                                      | Name of Institution   |              | Contract No                 |                   | Contact No |    |
| <b>Damage</b>                        | Repair Estimate   |              | Quote Attached              | Yes               | No         |    |
|                                      | Repairer Name   |              | Contact Number              |                   |            |    |
|                                      | Where can your damaged vehicle be inspected?  |              |                             |                   |            |    |
| <b>Driver Detail</b>                 | Full Name   |              | Date of Birth               |                   |            |    |
|                                      | Address   |              |                             |                   |            |    |
|                                      | Contact Number  |              | Occupation                  |                   |            |    |
|                                      | Driver Licence No   |              | Date issued                 |                   |            |    |
|                                      | Place of issue  |              | Code                        |                   |            |    |
|                                      | State the purpose for which the vehicle was being used                                    |              |                             | Private           | Business   |    |
|                                      | Was the vehicle being used with insured's permission?                                     |              |                             | Yes               | No         |    |
|                                      | Was the driver in the insured's employ?   |              |                             | Yes               | No         |    |
|                                      | Has the driver motor insurance on own vehicle? If Yes, please state Insurer and Policy No |              |                             | Yes               | No         |    |
|                                      | Insurer   |              | Policy Number               |                   |            |    |
|                                      | Details of any convictions for motoring offences during the last 3 years                  |              |                             |                   |            |    |
|                                      |   |              |                             |                   |            |    |
|                                      | Has licence been endorsed?  |              |                             | Yes               | No         |    |
|                                      | Does the driver have any physical defects?  |              |                             | Yes               | No         |    |
| Previous Accidents Detail            |   |              |                             |                   |            |    |
| <b>Passengers in Insured Vehicle</b> | Name  | Relationship | Injury                      |                   |            |    |
|                                      |   |              |                             |                   |            |    |
|                                      |   |              |                             |                   |            |    |
|                                      |   |              |                             |                   |            |    |
|                                      |   |              |                             |                   |            |    |
|                                      | For what reason were they being transported?  |              |                             |                   |            |    |
|                                      | Are they in the employ of the Insured?  |              |                             | Yes               | No         |    |
| <b>Damage to other Vehicles</b>      | Make and Model  | Registration | Name of Owner/Driver        | Details of damage |            |    |
|                                      |   |              |                             |                   |            |    |
|                                      |   |              |                             |                   |            |    |
|                                      |   |              |                             |                   |            |    |

|   |   |  |                                   |     |                     |                |        |  |        |
|---|---|--|-----------------------------------|-----|---------------------|----------------|--------|--|--------|
| <b>Other Property</b>   | Owner Name  |  | Owner Address                     |     | Contact Number      |                | Damage |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
| <b>Other Party Injuries</b>   | Name of injured   |  | Contact Numbers                   |     | Details of injuries |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
| <b>Witnesses</b>  | Name  |  | Address                           |     |                     | Contact number |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
| <b>Theft/Hijack</b>   | Date  |  | Place                             |     |                     |                |        |  |        |
|   | Time  |  | Was vehicle locked?               |     | Yes                 |                | No     |  |        |
|   | Who has keys/sparekeys?   |  | Engine No                         |     | Vin No              |                |        |  |        |
|   | Police station  |  | Date Reported                     |     | SAPD Ref            |                |        |  |        |
|   | Accessories stolen  |  |                                   |     |                     |                |        |  |        |
| <b>DETAILS OF ACCIDENT</b>  | Time and Date   |  | Place                             |     |                     |                |        |  |        |
|   | Speed prior to Impact   |  | Speed at Impact                   |     |                     |                |        |  |        |
|   | Weather conditions  |  | Road Surface                      |     | Tarmac              |                | Cement |  | Gravel |
|   | Street Lighting   |  | On                                | Off | Vehicle Lights      |                | On     |  | Off    |
|   | Visibility  |  | Warning given by you e.g. Hooting |     |                     |                |        |  |        |
|   | Police Details  |  | Name of Officer                   |     | SAPD Ref            |                |        |  |        |
|   |   |  | Police Station                    |     |                     |                |        |  |        |
|   | Was the driver tested for alcohol/drugs?                                |  | Yes                               | No  | Result              |                |        |  |        |
|   | Description of Accident   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
| <b>Sketch of Accident</b>   |   | Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety or warning signs in the vicinity of the scene of accident. Use separate page if necessary. |                                   |     |                     |                |        |  |        |
|   |   |  |                                   |     |                     |                |        |  |        |
| <b>DECLARATION</b>  | We hereby declare the foregoing particulars to be true in every respect |  |                                   |     |                     |                |        |  |        |
|   | Signature of Driver:  |  |                                   |     |                     | Date           |        |  |        |
|   | Signature of owner:   |  |                                   |     |                     | Date           |        |  |        |
| NB. It is important you notify Insurers immediately you become aware of any impending prosecution, inquest or demand. |   |  |                                   |     |                     |                |        |  |        |