



MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER DETAILS

POLICY NO. **BROKER**

INSURED Name..... ID No./Company Reg. No.

Occupation Contact Numbers (H).....(W).....

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 Number.....

Physical Address or Branch.....

PRINCIPAL (REGULAR) DRIVER

Full name ID Number.....

Address Contact Number

Driver's Licence:

Code..... Date of First issue (DD/MM/YYYY)..... Endorsements.....

Who is the principal (regular) driver of this vehicle? Please Tick (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 Tick (YES / NO / N/A)

Was the driver in your employ? Please Tick (YES / NO / N/A)

Do they have any motor insurance on their own vehicle? Please Tick (YES / NO / N/A)

If yes, state company Policy No.....

Details of previous accidents of 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
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.....
.....
.....

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
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.....
.....

THIRD PARTY INFORMATION / VEHICLE OR PROPERTY DAMAGE (This is compulsory for Recovery purposes)

OTHER VEHICLE DAMAGE

VEHICLE 1 Make & Model Year Registration No.....

Name of Driver Name of Owner

Owners Address Contact No.....

Insurance Details:
 Policy Number Insurance Company

Contact Number Contact Person

VEHICLE 2 Make & Model Year Registration No.....

Name of Driver Name of Owner

Owners Address Contact No.....

Insurance Details:
 Policy Number Insurance Company

Contact Number 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

Estimate for repairs or attach quotation

Repairer's name..... Contact Number.....

Address

Date (DD/MM/YYYY)..... Time (hhHmm).....

Physical Address where Accident occurred.....

Speed:

Before Accident Moment of Impact

Conditions: (please tick)

Weather (WET / DRY) Visibility (GOOD /POOR) Street lighting (YES / NO)

Road surface (TAR / DIRT) Width of Road (SINGLE / MULTIPLE)

Police Details:

Did the police attend the scene (YES / NO)

Name of Police/Traffic officer who recorded details of accident.....

Police StationReference no.....

Was the driver tested for alcohol/drugs? (YES / NO)

Full Description Of Accident

Sketch Of Accident

(Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.)

DECLARATION

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

Signature of InsuredDate (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.
