

## MOTOR ACCIDENT CLAIM FORM

INSURED & BR	OKER DETAILS						
Policy No.			Name of Insurer				
Insured:	Insured: Name ID No./Co. Reg. No.						
	Occupation		Tel No.	W		Н	
	E-mail Address			Cell		Fax	
	Physical						
	Address					Co	de
VEHICLE							
Make		Model			Y	ear	
Kilometres cor	npleted		Registration No.				
Registered Ow	ner						
Is the vehicle s	ubject to a Hire Pu	irchase, Credit or Leasing Agreer	nent?			YES	NO
If Yes	Name of Finance	Company			Account No.		
	Physical Address	or Branch					
DRIVER							
Full name			ID No.				
Address			Contact No.				
Addiess							ode
Driver's Licenc	e						
Code		rst issue (DD/MM/YYYY)	Enc	dorsen	nents		
Who is the pri	<del></del>	ver of this vehicle? Please mark			Insured	Spouse	Other
If other, please							
State fully the	reason for which t	he vehicle was being used					
Was the driver	driving with your	permission?	Please mark	(	YES	NO	N/A
Was the driver	in your employ?		Please mark	(	YES	NO	N/A
Does the drive vehicle?	er have any moto	or insurance on his/her own	Please mark	(	YES	NO	N/A
If Yes, state co	mpanv		Р	olicy I	No.		
	ous accidents of th	e driver (Specify)		,			
PERSONS INIU	RED IN INSURED V	/EHICLE (Please remember to a	lvise us)				
	ame	Driver or Passenger		of ini	uries	Name o	of hospital if
	unic	Driver of Fusienger	Details of injuries		applicable		
			_				
For what purp	ose were they beir	ng transported?					
Are they emplo	oyees?						



Name	Driver/Passenger or Pedestrian	Details of in	juries	Name of hospital if applicable	
HIRD-PARTY INFORMATION/VEHIC	LE OR PROPERTY DAMAG	E (This is compulsory for re	ecovery purposes	;)	
/EHICLE 1 Make & Model		Year	Registration No	o	
lame of driver		Name of owner			
Owner's address		Contact No.			
nsurance Details					
Policy No.		Insurance company			
Contact No.		Contact person			
/EHICLE 2 Make & Model		Year	Registration No	0.	
Name of driver		Name of owner	-		
Owner's address		Contact No.			
nsurance Details					
Policy No.		Insurance company			
Contact No.		Contact person			
DAMAGE TO PROPERTY (NON-MOTO	OR)				
Name of Owner		lress of Owner	De	etails of Damage	
WITNESSES (This section is compulso	ory for recovery purposes	) Contact De	tails	Passenger (YES/NO	
ACCIDENT DETAILS					
DAMAGE					
Area of damage to own vehicle					
-	on R				
estimate for repairs or attach quotation	on R	(	Contact No.		
Estimate for repairs or attach quotation	on R				
Area of damage to own vehicle Estimate for repairs or attach quotation Repairer's name Address Date of accident (DD/MM/YYYY)	on R		Contact No.  ———————————————————————————————————	h:mm)	



Speed:						
Before accident			Moment of impact			
Conditions: (pleas	se mark)					
Weather	WET	DRY	Visibility	GOOD	POO	R
Road surface	TAR	DIRT	Width of road	SINGLE	MUL	TIPLE
Street lighting	YES	NO				
Police details:						
Did the police atte	nd the scene?				YES	NO
Name of police/tra	affic officer who record	ded details of accident				
Police station			Reference No.			
Was the driver test	ted for alcohol/drugs?				YES	NO
		Full descripti	on 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 t	rue in every respect.	
Signature of Insured —	Date (DD/MM/YYYY)	
Signature of driver (if not Insured)	Date (DD/MM/YYYY)	
N.B. IT IS IMPORTANT THAT Y	OU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWA	ARE OF ANY IMPENDING

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.