MOTOR ACCIDENT CLAIM FORM

INSURED & BR	OKER DETAILS						
Policy No.			Broker				
Insured:	Name		ID No./Co.	. Reg. No.			
	Occupation		Tel No.	W		Н	
	E-mail Address			Cell		Fax	
	Physical						
	Address					Со	de
VEHICLE							
Make		Model			Ye	ear	
Kilometres con	s completed Registration No.						
Registered Ow	ner						
Is the vehicle s	ubject to a Hire Pu	rchase, Credit or Leasing Agree	ment?			YES	NO
If Yes	Name of Finance	Company			Account No.		
	Physical Address	or Branch					
DRIVER							
Full name			ID No.				
Address			Contact No.	-			
				-		C	ode
Driver's Licenc	e						
Code	Date of fir	st issue (DD/MM/YYYY)	Endc	orsem	ients		
Who is the prin	ncipal (regular) driv	ver of this vehicle? Please mark			Insured	Spouse	Other
If other, please	specify						
State fully the	reason for which th	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 driver have any motor insurance on his/her own vehicle?		Please mark		YES	NO	N/A	
If Yes, state cor	If Yes, state company Policy No.						
Details of previ	ous accidents of th	e driver (Specify)					
Details of any o	convictions for mot	toring offences					
PERSONS INJU	RED IN INSURED \	/EHICLE (Please remember to a	dvise the Road Accio	lent I	Fund)		
N	ame	Driver or Passenger	Details o	Details of injuries		Name of hospital if applicable	
For what purpe	ose were they bein	g transported?					
Are they emplo	ovees?						

THIRD-PARTY INJURIES (Persons inju	red other than in the Insu	red Vehicle)			
Name	Driver/Passenger or Pedestrian	Details of injuries		Name of hospital if applicable	
	LE OR PROPERTY DAMAGE	(This is compulsory for re	ecovery purpos		
VEHICLE 1 Make & Model		Year	Registration		
Name of driver		Name of owner			
Owner's address		Contact No.			
Insurance Details					
Policy No.		Insurance company			
Contact No.		Contact person			
VEHICLE 2 Make & Model		Year	Registration	No.	
Name of driver		Name of owner	-		
Owner's address		Contact No.			
Insurance Details					
Policy No.		Insurance company			
Contact No.		Contact person			
DAMAGE TO PROPERTY (NON-MOTO	DR)				
Name of Owner	Add	ress of Owner		Details of Damage	
			<u> </u>		
WITNESSES (This section is compulse	ory for recovery purposes)	l.			
Name Address		Contact Det	tails	Passenger (YES/NO)	
ACCIDENT DETAILS					
DAMAGE					
Area of damage to own vehicle					
Estimate for repairs or attach quotati					
Repairer's name		C	Contact No.		
Address					
Date of accident (DD/MM/YYYY)	Tin	ne of accident	(hh:mm)		
Physical address where accident occu	urred				

Speed:						
Before accident			Moment of impact			
Conditions: (please	e mark)					
Weather	WET	DRY	Visibility	GOOD	POOR	
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE	E
Street lighting	YES	NO				
Police details:						
Did the police attend the scene?					YES	NO
Name of police/traf	fic officer who recorde	ed details of accident				
Police station			Reference 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 Insured	Date (DD/MM/YYYY)				
Signature of driver (if not Insured)	Date (DD/MM/YYYY)				
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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.