



MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER DETAILS

Policy No. Broker
Insured: Name ID No./Co. Reg. No.
Occupation Tel No. W H
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 No.
Physical Address or Branch

DRIVER

Full name ID No.
Address Contact No.
Code

Driver's Licence

Code Date of first issue (DD/MM/YYYY) Endorsements
Who is the principal (regular) driver of this vehicle? Please mark 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 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 company Policy No.
Details of previous accidents of the driver (Specify)

PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

Table with 4 columns: Name, Driver or Passenger, Details of injuries, Name of hospital if applicable

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

VEHICLE 1 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 _____

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-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 R _____
 Repairer's name _____ Contact No. _____
 Address _____
 Date of accident (DD/MM/YYYY) _____ Time of accident (hh:mm) _____
 Physical address where accident occurred _____



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) _____

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.