

MOTOR ACCIDENT CLAIM FORM

Policy Details

Insurer	
Broker	
Policy No.	

Insured Details

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Registered Owner of Vehicle

Title, Initials & Surname				
Occupation				
Identity Number				
Residential Address				
Employer Name				
Work Address				
Telephone Numbers	Work		Cell	

Vehicle Information

Date Purchased	
Purchased Price	
New or Second Hand	
Make	
Model	
Year of Manufacture	
Registration No.	
Chassis No. (VIN)	
Engine No.	
Kilos Completed	

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Financing Details

Is Vehicle Currently Subject to	Instalment-Sale Agreement	Yes		No	
	Lease Agreement	Yes		No	
	Any Other Type of Agreement	Yes		No	
Name of Finance Company & Telephone No.					
Date Agreement entered into					
Account Number					
Amount Outstanding					

Damage

Damage to own vehicle	
Estimates for Repair (Attach Quotations)	
Repairer's Name	Repairer's Tel No
Repair's address	
State where can the vehicle be inspected	

Police

Police Station	Name of Officer who recorded details of accident		
Telephone			
Reference			
Date Reported		Time	

Driver Details

Title, Initials & Surname					
Occupation					
Identity Number					
Residential Address					
Employer Name					
Work Address					
E-mail Address					
Telephone Numbers		Tel		Cell	
Driver's License Details	Code		Place of issue	Date of Issue	
State the Purpose for which the Vehicle was being used					
Was He/She driving with your permission : YES / NO					
Is He/She in your employ: YES / NO					
Is He/She an owner of another vehicle: YES / NO					

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If yes provide name of Insurer and Policy Number
Details of any convictions for motoring offences
Has license ever been endorsed: YES / NO
Has He/She any Physical Defects (If YES please state details): YES / NO
Details of previous accidents

Passenger Details

Were there any passengers in the insured vehicle, If so please state their name, address and Telephone Numbers below		
NAME	ADDRESS	TELEPHONE NUMBER
Are they employees: YES/NO		
For what purpose where they being transported		

Witness Details

Name	Address	Telephone number

Other Party Details

Registration number	Make and Model of vehicle	Name and address of owner and driver	Telephone number	Damage details
Damage to property other than vehicles (indicate damage)				

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Sketch of Accident - (If necessary us a separate page)

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

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated: _____ / _____ / 20 _____

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____

Driver Signature: _____ Name: _____ Tel No: _____