Motor Accident Claim Form

natsure

Policy details

Insurer	
Broker	
Policy number	

Insured details

Title, Initials & Surname	
Occupation	
Identity number	
Residential address	
Employer name	
Work address	

Tel (work)	Cell

Registered owner of vehicle

Title, Initials & Surname	
Occupation	
Identity number	
Residential address	
Employer name	
Work address	

Tel (work)	Cell

Vehicle information

Date purchased	
From whom purchased	
New or second hand	
Make	
Model	
Year of manufacture	
Registration number	
Chassis number (VIN)	
Engine number	
Kilos completed	

Financing details

Is the vehicle currently subject to an instalment-sale agreement?	○ Y	○ N
Is the vehicle currently subject to a lease agreement?	○ Y	○ N
Is the vehicle currently subject to any other type of agreement?	○ Y	○ N

If yes to any of the above, please complete the following.

Name of finance company and telephone no.		
Date agreement entered into		
Amount outstanding	R	
Account number		

Damage

Damage to own vehicle

Estimates to repair (attach quotations)

Repairer's name	Repairer's telephone no.

State where the vehicle can be inspected

Police

Police station	
Police officer who recorded details of incident	
Telephone	
Reference	
Date reported	
Time	

Driver details

Title, Initials & Surname	
Occupation	
Identity number	
Residential address	
Employer name	
Work address	
Email address	

Tel (work)	Cell

Licence code	Place of issue	Date of issue

State purpose for which vehicle was being used	
Was he/she driving with your permission?	○ Y ○ N
Is he/she in your employ?	○ Y ○ N
Is he/she an owner of another vehicle?	○ Y ○ N
If yes, provide the name of insurer and policy number	
Details of any convictions for motoring offences	
Has the licence ever been endorsed?	○ Y ○ N
Does he/she have any physical defects?	○ Y ○ N
If yes, state details	

Details of previous accidents

Passenger details

Were there any passengers in the insured vehicle? If so, please state their name, address and telephone number below.

Name	Address	Telephone number

Are they employees?	○ Y ○ N
For what purposes were they being transported?	

Witness details

Name	Address	Telephone number

Other party details

Registration no.	Make and model	Name and address of owner and driver	Telephone no.	Damage details

Damage to property other than vehicles (indicate damage)

Injuries

Name of injured person	Relationship to injury (e.g. driver)	Details of injury	Name of hospital

Circumstances of the loss

Date | Time | Place

Speed before accident | Speed on impact

Weather condition (at time of accident) | Visibility | Road surface

Width of road | Street lighting | Vehicle lights on? (state)

Any warning given by you? | Tested for alcohol / drugs?

Description of incident

Was a load being transported at the time of the accident? ○ Y ○ N

If yes, what was the commodity?

Sketch of accident

Please indicate clearly the point of impact and indicate direction of travel by arrows.
If necessary, use a separate page.

Details of any road signs or warning signs in the vicinity of the scene of the accident

Declaration

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

Signed at		Date	
Name			
Capacity			
Witnessed by			
Signature		Date	
Driver name			
Driver telephone no.			
Driver signature		Date	