

MOTOR VEHICLE ACCIDENT CLAIM FORM



Insurer:	Policy No.:	VAT Reg. No.:
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Insured

Name:	
Address:	Identity No.:
	Occupation:
Code:	Phone No.:

Vehicle

Reg No.:	Make:	Tare:	Gross Vehicle Mass:	Kilometers:
Date Purchased:	Price Paid:	Value:	Year:	Model:

If the vehicle is subject to HP / lease, provide the name of the finance company:

Finance Account No.:

In whose name is the vehicle registered?

Damage

Description of damage to own vehicle:

Is the damaged vehicle drivable? Yes No

Was the damaged vehicle towed from the scene of accident? Yes No

If YES, by whom? Tel No.:

Estimate for repairs or attached quotation:

Repairers name: Tel No.:

Where can the vehicle be inspected?

Driver

Full name:

Address:

Occupation: Identity No.:

Drivers Licence No.: Date: Place: Code: Full / Learners:

Driver (Continued)

For what purpose was the vehicle being used?

Was he / she driving with your permission?

Was he / she in your employ?

Is he / she the owner of another vehicle? If Yes, give insured name and policy number:

Details of any convictions for motor offences:

Has licence ever been endorsed?

Has he / she any physical defects?

Details of previous accidents:

Passengers

PASSENGERS IN INSURED VEHICLE

Name	Address	Age	Injury

For what purpose were they carried?

Are they employees?

Other Party

Other vehicles	Reg No.	Make	Name & address of owner	Damages

Property other than vehicles	Name & address of owner	Details of damages

Personal injuries (other than in insured vehicle)	Name of injured	Age	Relationship to accident e.g. driver / passenger	Details of injuries	Name of hospital, if applicable

Witnesses

Name: _____ Tel No.: _____

Address: _____
 _____ Code: _____

Name: _____ Tel No.: _____

Address: _____
 _____ Code: _____

Accident

Date: _____ Time: _____

Place: _____

Speed Before accident: _____ Moment of impact: _____

Weather conditions: _____ Visibility: _____

Road surface: _____ Width of road: _____

Were the vehicle's lights on? _____ Street lighting: _____

Was any warning given by you, e.g. hooting, indicators etc.? _____

Name of police station where accident was reported: _____

SAPS case reference No.: _____

Name of police / traffic officer who recorded accident details: _____

Was our driver tested for alcohol or drugs? _____ Was third party tested for alcohol or drugs? _____

Description of accident: _____

SKETCH OF ACCIDENT:

Please show clearly the point of impact and indicate the direction of travel by arrows (if necessary use a separate page). Give details of any road safety signs or warning signs in vicinity of scene of accident.

Please note that after authorization of a valid claim, the repairer will pre-order the parts (if applicable) and will contact you to make arrangements to book the vehicle in on the first available Monday once the parts have arrived for commencement of repairs.

Should the Car Hire option be applicable to you, a hired vehicle will be arranged for the same day that the repairer can commence repairs to your vehicle.

In the event of a pothole claim – refer to the addendum in respect of the information /documentation required when submitting the claim.

Declaration

We hereby declare the foregoing particular to be true in every respect.

Signature of driver:

Signature of insured:

Date:

day / month / year

PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF DRIVERS IDENTITY DOCUMENT

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS AS SOON AS YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

Third Party Details

Third party's first name:

Third party's surname:

Third party's ID No.:

Cell No.:

Home No.:

Work No.:

Fax No.:

Address:

Code:

Vehicle:

Reg No.:

Insurance Company:

Policy No.:

Claim No.:

Tel. No.:

Fax No.:

Independent witness details

Name:

Tel. No.:

Addendum (Pothole Claim)

The following additional information / documentation needs to be provided to the Company when submitting a pothole claim:

- Specific area / location of pothole
 - Landmark close to the pothole
 - Clear copy of Insured's ID
 - Clear copy of Insured's driver's license
 - SAPS details and reference number
 - Detailed sketch and description of accident
 - Photos of pothole
 - Proof of ownership of vehicle involved
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