



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?							Y	N
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	Y		N		N/A	
Was the driver in your employ?		Please mark	Y		N		N/A	
Do they have any motor insurance on their own vehicle?		Please mark	Y		N		N/A	
If yes, state company				Policy No.				
Details of previous accidents of Driver (Specify)								

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

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable
For what purpose were they being transported?			
Are they employees?			



Authorised Financial Services Provider

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 (DD/MM/YYYY)		Time (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.