

MOTOR ACCIDENT CLAIM FORM

INSURED	Policy number _____
	Name and surname _____
	Telephone numbers - during the day () _____ Cell _____
	Physical Address _____
	E-mail _____
	Identity number _____ VAT registration number (if business) _____
	Occupation or business _____

VEHICLE	Make _____ Model _____ Year _____
	Date purchased _____ Purchase price R _____ Retail value R _____
	Speedometer reading (km) _____ Registration number _____
	Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? YES NO
	If yes, please state the name and address of the finance company as well as the account number _____
In whose name is the vehicle registered? _____	

THE DRIVER	Name and surname _____
	Physical Address _____
	Identity number _____ Occupation or business _____
	Type of driving licence FULL LEARNER
	Driving licence number _____ Code (as per drivers licence) _____
	Vehicle restrictions (as per drivers licence) _____
	State the full purpose for which the vehicle was being used _____
	Was the driver driving with your permission? YES NO
	Was the driver in your employment? YES NO
	Is the driver the owner of another vehicle? YES NO
If yes, please state the name of the insurer and the policy number of that vehicle _____	
Please provide details of any previous motoring convictions _____	
Has the driver's licence ever been endorsed? YES NO	
Does the driver have any physical disabilities? YES NO	
If yes, please give full details _____	
Was the driver tested for alcohol and / or drugs? YES NO	
Please provide details of any previous accidents _____	

PASSENGERS	1	2	3
	NAME		
	CELL NO		
	TEL NO		
	ID NO		

PASSENGERS	State the purpose for which the passengers were carried _____
	Were any of the passengers in your employment? YES NO
	If yes, please provide their names _____

THE ACCIDENT	Date of accident _____				
	Time of accident _____				
	Place of the accident _____				
	Travelling from _____				
	Destination _____				
	Speed before the accident (km / h) _____				
	Speed at the time of the accident (km / h) _____				
	Weather conditions (e.g. clear, rainy, misty) _____		Visibility _____		
	Road surface _____				
	Width of road _____				
	Which vehicle lights were on? (if any) _____				
	Street lighting _____		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">YES</td> <td style="padding: 2px 5px;">NO</td> </tr> </table>	YES	NO
	YES	NO			
	Did you give any warning? (e.g. hooting, indicator) _____				
	Please provide a detailed description of the accident (Should you require additional space kindly use blank paper and attach to this form)				

Please provide a sketch of the accident. Clearly indicate the point of impact and the direction of travel by arrows. Provide details of any road safety or warnings signs in the vicinity of the scene of the accident. (Should you require additional space kindly use blank paper and attach to this form)					

DAMAGE	Describe the damage to your own vehicle _____				

	Was the vehicle towed from the scene of the accident? _____		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">YES</td> <td style="padding: 2px 5px;">NO</td> </tr> </table>	YES	NO
	YES	NO			
If yes, who was the towing company? _____		Towing reference no _____			
State the address / place where the damaged vehicle can be inspected _____					

WITNESSES	1	2	3		
	NAME	_____	_____		
	CELL NO	_____	_____		
	TEL NO	_____	_____		
	ID NO	_____	_____		

OTHER PARTIES	Other vehicles involved in the accident				
	Name of driver _____				
	Identity number of driver _____				
	Contact number of driver _____				
	Physical address of driver _____				
	Name of driver's employer _____				
	Make of vehicle _____ Model of vehicle _____				
	Registration number of vehicle _____				
	Details of damage _____				
	Name of vehicle owner _____				
	Physical address of owner _____				
	Contact number of owner _____				
	Name of his/her insurer/broker _____				
	Contact number of his/her insurer/broker _____				
	Policy number _____ Claim number _____				
Personal injuries, other than in insured vehicle					
	Name of injured	Relationship to driver	Details of injuries	Hospital (if applicable)	
Passenger 1					
Passenger 2					
These personal injuries must be reported separately and without delay, to the multilateral motor vehicle accident fund					
POLICE DETAILS	Police station _____ Case number _____				
	I/We understand that the completion of this form does not bind the Insurer to payment of any claim. I/We further declare that the foregoing information is true in every respect and that I/we have not withheld any information connected with the loss from the insurer.				
DECLARATION	Signature of driver _____				
	Capacity _____			Date _____	
	Signature of insured _____				
	Capacity _____			Date _____	
Please note: It is important that you notify the insurer immediately when you become aware of any pending prosecution, inquest or demand					
<ul style="list-style-type: none"> ■ Police case number - To be obtained in all instances where the accident occurred on public road/property other than your own. ■ Copy of the driver's license ■ Copy of the ID of the driver and registered owner (if not the same) ■ If the vehicle was towed, the receipt received from the towing company ■ Photo's of the damage to the vehicle, if possible as well as one quote for the repairs 					