



MOTOR ACCIDENT CLAIM FORM



	POLICY NO.	
	CLAIM NO.	
BROKER		

INSURED

Name	
Tel Number	
Address	
Occupation	
ID Number	

VEHICLE

Reg Number		Year	
Make		Model	
Is the vehicle subject to HP/Lease?			
Name of Finance Institution			
Registered owner of the vehicle			

DAMAGE

Description of damage to vehicle			
Is the damaged vehicle driveable?			
Was the damaged vehicle towed from the accident scene?			
If yes, by whom?		Tel No	
Estimate for repairs / Attach repair quotation			
Repairer's name		Tel No	
Where can vehicle be inspected			

DRIVER

Full Name			
Address			
Occupation			
ID Number			
Driving Licence No		Date	
Place		Code	
For what purpose was the vehicle being used?			
Was he/she driving with your permission?			
Is he/she in your employ?			
Is he/she the owner of another vehicle?			
If yes, name and of Insurer and Policy No			
Details of any convictions for motor offences			
Has licence ever been endorsed?			
Does he/she have any physical defects?			
Details of previous accidents			

PASSENGERS

Passengers in insured vehicle					
Name	Address	Age	Injuries		
For what purpose were they carried?					
Are they employees?					

OTHER PARTY

Other vehicle		Reg. No	
Make		Model	
Name and address of owner & driver			
Contact details			
Insurance details			
Details of damages			

Other vehicle		Reg. No	
Make		Model	
Name and address of owner & driver			
Contact details			
Insurance details			
Details of damages			

Other vehicle		Reg. No	
Make		Model	
Name and address of owner & driver			
Contact details			
Insurance details			
Details of damages			

Property Other than vehicles			
Name & address of owner			
Details of damage			
Personal injuries (other than insured)			
Name	Age	Relationship i.e. driver/passenger	Injuries sustained
Nature of injuries			
Personal injuries (other than insured)			
Name	Age	Relationship i.e. driver/passenger	Injuries sustained
Nature of injuries			

WITNESSES

Name, Address, Tel No	
Name, Address, Tel No	

ACCIDENT

Date		Time	
Place			
Speed before accident		Speed after accident	
Weather conditions		Visibility	
Road surface		Width of road	
Were vehicle's lights on?		Street lights	
Did you give any warning e.g. hooting, indicator etc.			
Name of Police Station where accident was reported			
SAPS case no			
Name of Police Officer that 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 the accident (if necessary use a separate page). Clearly show the point of impact, direction of travel using arrows, details of road safety signs or warning signs in the vicinity of accident scene			

We hereby declare the following particulars to be true in every respect

Signature of Driver	_____
Date	_____

Signature of Insured	_____
Date	_____

Please attach copies of Driver's Licence and ID Document

Immediately notify the Insurer should you become aware of any impending prosecution, inquest or demand