



MOTOR ACCIDENT CLAIM FORM						
Insured	Policy Number					
	Name					
	Identity No.					
	Occupation					
	Address / Tel					
	Contact person					
Vehicle	Make	Model	Year	Registration Number		
	Kilometres Completed		Date of Purchase			
	Vehicle Value		Purchase Price			
	Engine Number		Chassis Number			
	Finance details (financier)		Account Number			
	In whose name is the vehicle registered					
Driver at the time of the accident	Name		Telephone number			
	Residential Address					
	Occupation		ID Number			
	Date on which licence was issued		Place	Code	Full	Learners
	Has the licence ever been endorsed?		Does the driver suffer from any physical defects?			
	Details of any convictions for motoring offences					
	Details of previous losses					
	Was the driver tested for alcohol or drugs?		If so what was the outcome?			
	Does the driver have motor insurance of his / her own?					
	Insurance Company		Policy Number			
	Has an insurer ever refused the driver motor insurance or imposed conditions?					
	Was the driver in the insured's employ?		Was the vehicle being used with the insured's permission?			
	State the purpose for which the vehicle was being used					
Accident	Date	Time	Place			
	Police Reference No.		Police Station	Date Reported		
	Was the vehicle towed?		If yes, name the towing company			
Damage	Description of damage					
	Where can your vehicle be inspected?					
	Estimated cost of repairs					
Personal Injuries - Own vehicle / Third Party vehicle	OWN VEHICLE					
	Name		Address	Details		
	THIRD PARTY VEHICLE					
Witnesses	Name		Address	Telephone Number		
Other Vehicles Involved	VEHICLE 1		Registration Number	Name of driver or owner		
	Postal address		Telephone number			
	VEHICLE 2		Registration Number	Name of driver or owner		
	Postal address		Telephone number			

Other property Damaged	Name of owner		
	Address and telephone number		
	Details of damage		
Description of Accident	Speed before the accident	Moment of impact	Weather conditions
	Visibility	State of road	Width of road
	Which light of the vehicle were on?		
	Was any warning given by you? Hooting etc.		
	Who in your opinion was to blame for the accident?		
Description of Accident			
Sketch of Accident	Indicate the following:		
	(i) the point of impact		
	(ii) the direction of travel by arrows; and		
	(iii) any road signs		
Other Insurance	Is there any other insurance covering this loss?		
	If so, state name of insurer		
	Policy Number		
	Branch office		
Declaration	I / We hereby declare the foregoing particulars to be true in every respect and that no information has been withheld.		
	_____ Signature of driver		_____ Signature of Insured
	_____ Date		_____ Date
License Inspection	I have inspected the driver's licence and it is free of endorsements	<input type="checkbox"/>	Tick if applicable
	I have inspected the driver's licence and it is endorsed as indicated	<input type="checkbox"/>	Tick if applicable
	_____ Signature		
	_____ Capacity		

PLEASE COMPLETE IN FULL - INCOMPLETE CLAIM FORMS CREATE DELAYS