

**MOTOR CLAIM FORM**



Cape Town: Telephone +27(0)86 110 5799 Facsimile+27(0)86 5000 888

Gauteng: Telephone +27 (0)86 110 5799 Facsimile +27 (0)86 500 2071

Name of Insurer / Insurance Co Name		Policy No.			
		Certificate No			
<b>Insured's Details</b>					
Name of Company					
Street Address					
Contact Numbers		TEL. ( )	FAX. ( )	CELL. ( )	
<b>Motor Vehicle Details</b>					
Year		Make		Model	
Tare/Tarra		GMV		Registration	
Date of vehicle purchase				Purchase Price	
Kilometres Completed				Value of vehicle	
If the vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state the name & address of the Finance Company.					
Finance Company				Account No	
Address of Company					
In Whose name is the vehicle registered.					
<b>Details of the Driver</b>					
Full Name					
Address					
Occupation					
Date of Birth				Age	
Driver's Licence	Driver's Licence Number	Date Licence Obtained	Place Tested	Code	Full / Learner's / Temp
State fully the purpose for which the vehicle was used					
Was He / She in your employ at the time					
Was He / She driving with your permission		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Details of any convictions for motor offences		Nature of the offence committed		Date offence committed	Final Outcome
Has the licence ever been endorsed ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has He / She any physical defects ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Details of previous accidents					
<b>Vehicle Damage Information</b>					
Has the insured vehicle sustained damage ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Panel Beaters name & telephone number					
Panel Beaters quotation number				Quoted Amount	
Is the damaged vehicle driveable or not ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Where can the vehicle be inspected ?					
<b>Passengers In Insured Vehicle</b>					
Name		Address		Injury	
For what purpose were they carried ?					
Are the passengers employees ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
<b>Personal Injuries - ( Other than in Insured Vehicle</b>					
Name of Injured Person		Relationship to Accident		Details of Injury sustained	
				Name of Hospital ( if applicable)	
<b>Property Damaged - Other than vehicles</b>					
Name of the Property Owner					
Physical address of property					
What damage was sustained to property					

Details of Accident					
Date of Accident		Time of Accident		AM/PM	
Place of the accident					
Speed before accident	kph	Speed on impact		kph	
Weather conditions		Visibility			
Road Surface		Width of Road			
Which vehicle lights were on		Street Lighting On / Off / None			
Was warning given by you ?	Hooting	<input type="checkbox"/>	Hazards	<input type="checkbox"/>	Flashing of head - lights
<b>Description of Vehicle Accident</b>					
<b>S A Police Details</b>					
Name of S A Police Station		Telephone			
Name of traffic officer		Case No			
Was the driver tested for alcohol / drugs ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Was the driver speaking on a hand held cell phone ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Is the insured vehicle fitted with a hands free kit ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
<b>Independent Witness's Details</b>					
Name of Independant witness		Tel. ( )			
Address of Independant Witness.					
Is He / She willing to make a statement ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
<b>Third Party's Details</b>					
Name of vehicle owner / driver		Tel. ( )			
Insurance Company / Broker		Tel. ( )			
Address of vehicle owner / driver					
Make & Model of third party vehicle					
Details of damage to third party vehicle					
Name of vehicle owner / driver		Tel. ( )			
Insurance Company / Broker		Tel. ( )			
Address of vehicle owner / driver					
Make & Model of third party vehicle					
Details of damage to third party vehicle					
<b>Sketch of the Motor Accident Scene</b>					
Please show clearly the point of impact and indicate the direction of travel by means of arrows. Give details of any road safety signs or warning signs in the vicinity of the scene of accident. Please also include road markings, lane arrows & robots					
We hereby declare the foregoing particulars to be true in every respect & that the driver's licence has been inspected and is free of endorsements / endorsed as shown.					
Signature of Driver			Date signed		
Signature of Insured			Date signed		
NB : It is important that you notify us immediately you become aware of any impending prosecution / inquest or demand					