

POLICY DETAILS

Broker: _____
 Policyholder: _____
 Policy Number: _____

VEHICLE DETAILS

Make: _____ Engine No.: _____
 Model: _____ Vin No.: _____
 Year: _____ Date of Purchase: _____
 Registration No.: _____ Odometer Reading: _____
 Is the vehicle subject to hire purchase or similar agreement? Yes No
 If YES, please provide name of finance company: _____

DRIVER DETAILS

Full Name: _____
 ID Number: _____ Occupation: _____
 Residential Address: _____
 Landline No.: _____ Mobile No.: _____
 Drivers Licence No.: _____ Date of Issue: _____
 Place/Area: _____ Full/Learners: _____
 What was the vehicle being used for at the time of the accident? _____
 Was the vehicle being used with Policyholder's permission? Yes No
 Is the driver an employee? Yes No
 Is the driver's licence endorsed? Yes No
 If YES, please provide details: _____
 Does the Driver have any Physical Defects? Yes No
 If YES, please provide details: _____

DETAILS OF ACCIDENT

Date of accident: _____ Time of accident: _____
 Place of accident: _____
 Speed: Before accident kms On impact kms
 Weather Conditions: _____
 Visibility: _____
 Road Surface: _____ Width of Road: _____

Were Vehicle Lights were on? Yes No

Street Lighting: Yes No

Was any Warning given by you (eg, Hooting, Indicator)? _____

If YES, please provide details: _____

Police Case reference No.: _____ Police Station: _____

Date reported: _____

Was the Driver tested for Alcohol or Drugs? Yes No

If YES, result of test: _____

ACCIDENT INFORMATION

Please provide a full description of the accident:

Please provide a sketch of the accident:

NB: Please indicate the following clearly

- a) Point of impact
- b) Direction of travel (using arrows)
- c) Any road safety or warning signs in the near vicinity

PASSENGER DETAILS

Please provide details of the passengers in the insured vehicle:

Name:	Address:	Injuries, if any:

For what purpose were passengers being carried? _____

Are they employees? Yes No

OTHER PARTY DETAILS

Please provide details of damage to other vehicle/s:

Vehicle:	Registration No.:	Name and Address of Owner and Driver:	Damage:

Please provide details of witnesses:

Witness Name:	Contact Details:

Please provide details of damage to property other than yours:

Name and Address of Owner and Driver:	Details of Damage:

Please provide details of personal injuries (other than in insured vehicle):

Name:	Injuries:	Relationship to accident e.g. Driver:	Hospital:

LICENCE SUBMISSION

I have attached a copy of my driver's licence and warrant that it is free of endorsements

Signature _____ Capacity _____

WARRANTY

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the details of the claim

Signature of Driver _____ Date _____

Signature of Policyholder _____ Capacity _____ Date _____