

WARRANTY

I hereby warrant that I have suffered the loss/damage to the property referred to in this document and that the particulars and statements given below are true and complete and contain all information known to me affecting the details of the claim.

I agree and understand that providing the incorrect information, inflating my claim or claiming for items that I did not own prior to the loss, is fraudulent, and will prejudice my claim.

Signature of Driver :

Date Signed :

Signature of Policyholder :

Date Signed :

POLICY DETAILS

Broker :
Policyholder :
Policy Number :

VEHICLE DETAILS

Make :
Model :
Year :
Registration Number :
Engine Number :
Vin Number :
Odometer Reading :
Date of Purchase :
Is the vehicle subject to hire purchase or similar agreement?
If yes, please provide name of finance company :

EVENT DETAILS

Full Name :
ID Number :
Occupation :
Residential Address :
Contact Number :
Drivers Licence Number :
Full/Learners :
Date of Issue :
Place Issued/Area :
Is the driver's licence endorsed?
If yes, please provide details:
What was the vehicle being used for at the time of the accident?
Was the vehicle being used with Policyholder's permission?
If no, please provide details :
Is the driver an employee?
Does the Driver have any Physical Defects?
If yes, please provide details :
Are you the sole owner of the property subject to the claim?
If no, please give details of other interested parties :
Is the property subject to claim insured elsewhere?
If yes, please provide details of insurer and policy number :

PASSENGER DETAILS

Please provide details of the passengers in the insured vehicle:
Passenger 1
Name :
Address :
Contact Number :
Injuries, if any :
For what purpose were passengers being carried?
Are they employees?
Passenger 2
Name :
Address :
Contact Number :
Injuries, if any :
For what purpose were passengers being carried?
Are they employees?

OTHER PARTY DETAILS

Please provide details of damage to other vehicle/s:
Vehicle 1
Name and Address of Driver :
Name and Address of Owner :
Contact Number :
I.D Number :
Make and Model of Vehicle :
Registration Number :
If the vehicle is company owned, please advise of any signwriting on the vehicle :
Other Parties Insurance details :
Damage to their vehicle :
Vehicle 2
Name and Address of Driver :
Name and Address of Owner :
Contact Number :
I.D Number :
Make and Model of Vehicle :
Registration Number :
If the vehicle is company owned, please advise of any signwriting on the vehicle :
Other Parties Insurance details :
Damage to their vehicle :

WITNESSES

Please provide details of witnesses :
Witness 1
Witness Name :
Contact Details :
Where was this witness during the accident?
Witness 2
Witness Name :
Contact Details :
Where was this witness during the accident?

PROPERTY DAMAGE

Please provide details of damage to property other than yours :
Name and Address of Owner :
Details of Damage:

PERSONAL INJURIES

Please provide details of personal injuries (other than in insured vehicle):
Injured Person 1
Name :
Contact Number :
Injuries :
Relationship to accident e.g. Driver :
Hospital :
Injured Person 2
Name :
Contact Number :
Injuries :
Relationship to accident e.g. Driver :
Hospital :

DETAILS OF ACCIDENT

Date of accident :
Time of accident :
Place of accident :
Speed before accident :
Speed on impact :
Travelling from :
Travelling to :
Weather Conditions :
Visibility :
Road Surface :
Width of Road :
Were Vehicle Lights on?
Street Lighting :
Was any Warning given by you (eg, Hooting, Indicator)?
If yes, please provide details :
Police Case reference Number :
Police Station :
Date reported :
Did the Driver consume Alcohol or Drugs?
Was the Driver tested for Alcohol or Drugs?
If yes, result of test :
Do you have any additional information relating to this incident?
If yes, please provide details :

MOTOR ACCIDENT CLAIM FORM



Can your vehicle be safely driven?
If not, do you require immediate car-hire?
<i>Please Note: Car-hire is subject to policy cover</i>

ACCIDENT INFORMATION

Please provide us with a full description of the accident :

Please provide us with a sketch of the accident :

NB! Please indicate the following clearly

- a) Your Vehicle
- b) Other Vehicles
- c) Point of impact
- d) Direction of travel (using arrows)
- e) Any road safety or warning signs in the near vicinity

LICENCE SUBMISSION

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

Signature

Capacity

MAY 2017