

## MOTOR ACCIDENT CLAIM FORM

### 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:
<b>Passenger 1</b>
Name :
Address :
Contact Number :
Injuries, if any :
For what purpose were passengers being carried?
Are they employees?

## MOTOR ACCIDENT CLAIM FORM

<b>Passenger 2</b>
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:
<b>Vehicle 1</b>
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 :
<b>Vehicle 2</b>
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 :
<b>Witness 1</b>
Witness Name :
Contact Details :
Where was this witness during the accident?
<b>Witness 2</b>
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:

**MOTOR ACCIDENT CLAIM FORM**  
**PERSONAL INJURIES**

Please provide details of personal injuries (other than in insured vehicle):
<b>Injured Person 1</b>
Name :
Contact Number :
Injuries :
Relationship to accident e.g. Driver :
Hospital :
<b>Injured Person 2</b>
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 :
Can your vehicle be safely driven?
If not, do you require immediate car-hire?
<b>Please Note: Car-hire is subject to policy cover</b>



**MOTOR ACCIDENT CLAIM FORM  
LICENCE SUBMISSION**

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

Signature

Capacity

**YOUR INFORMATION**

The information below is required in order to properly assess the Claim in question. We are aware that certain information disclosed to us may be deemed Personal Information in terms of the Protection of Personal Information Act 4 of 2013 (POPI) and we will accordingly take all reasonable steps to ensure that your information is processed / used / stored in accordance with POPI.

We further hereby inform you that we may have to share your Personal Information with our service providers (loss adjusters, attorneys, investigators & other consultants/advisors) involved in assessing the Claim in accordance with your Insurance Policy.

Where necessary, we may also disclose your Personal Information, including potentially sensitive information about you, to other insurers, reinsurers, legal representatives and other consultants in order to protect the legitimate interests of the Insurer/Santam Ltd.

In addition, we may need to obtain certain information from other sources (such as the South African Police Service or a medical practitioner) but we undertake to advise you if/when we collect personal information from such other sources.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed and/or we may not be able to accept the claim.

You also have the right, in terms of POPI, to object (on reasonable grounds) to the processing of your Personal Information.

By signing this Claim Form, you acknowledge the purpose for which the information is collected and the manner in which it may be processed and accordingly provide your consent to the above stated use/dissemination/disclosure of your personal information.

**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 :