

MOTOR ACCIDENT CLAIM

	VAT REGISTRATION NUMBER				
	Policy Number				
INSURED	Name and Occupation				
	Identity Number				
	Address and (Day) Phone				
VEHICLE	If vehicle subject to Hire Purchase, Credit or Leasing Agreement state name and address of Finance Company.	Make	Tare	Gross Vehicle Mass	Kilometres completed
		Registration Number	Value	Model and Year	Date of purchase and price paid
	In whose name is the vehicle registered?				
	Damage to own vehicle				
DAMAGE	Estimate for repairs or attach quotation				
	Repairer's name address and telephone number				
	Where can your damaged vehicle be inspected				

DRIVER	Full name					
	Address					
	Occupation					
	Identity number					
	Driving License	Number	Date	Place	Code	Full Learner
	State fully the purpose for which the vehicle was being used.					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Is he/she the owner of another vehicle? If yes give name of insurer and policy number					
	Details of convictions for motoring offences					
	Has license ever been edorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					

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PASSENGER (Insured vehicle)	PASSENGERS IN INSURED VEHICLE	Name	Address		Injury	
	For what purpose were they carried?					
Are they employees?						
OTHER PARTY	OTHER VEHICLE	Registration Number	Make	Name and Address of Owner	Details of Damage	
	PROPERTY OTHER THAN VEHICLES	Name and Address of owner			Details of Damage	
	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)	Name of Injured	Relationship to accident e.g Driver, Passenger, etc.	Details of Injuries		Name of Hospital (if applicable)
WITNESS	Name, Address and Phone No.					
	Name, Address and Phone No.					

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ACCIDENT	Date, Time, Place		
	Speed	Before Accident	Kph
	Moment of Impact		Kph
	a) Weather Condition b) Visibility		
	a) Road Surface b) Width of road surface?		
	a) Which Vehicle lights were on? b) Street light		
	Was any light given by you, e.g hooting, indicator, etc		
	Police Details	Name of police/traffic officer who recorded details of accident	Police Station and Reference number or Police Report
	Was driver tested for alcohol or drugs?		
	DESCRIPTION OF ACCIDENT		
SKETCH OF ACCIDENT (If necessary use separate page)	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.		
LICENSE INSPECTED	I have inspected the driver's license and it is free of endorsements/endorsed as show		Signature _____
	Please attach copies of driver's license and page I of driver's identity document		Capacity _____
DECLARATION	We hereby declare the foregoing particulars to be true and complete in every respect		
	Signature of Driver	Date	
	Signature of Insured	Capacity	Date

IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND