

MOTOR ACCIDENT CLAIM FORM




INSURED			
POLICY NUMBER:			
NAME:			
OCCUPATION:			
ADDRESS:			
CONTACT NUMBERS:	(w)		(cell)
	(h)		(fax)
E-MAIL:			

VEHICLE				
Registered Owner (Name in Full)				
Make & Model:		Year:		
Registration No.		Purchase Price:	Purchase Date:	
Anti-Theft Devices:				
Make:		Fitted By:	Date:	
Details of window markings:				
Number:		Applied by Whom:		
Financing Details:				
Finance Company:	Branch:	Type of Agreement:	Account Number:	Amount:

DAMAGE											
Damage to own vehicle:											
Estimates for repair (attach quotations)											
Photographs of Vehicle (Impact area of damage, the VIN number, the Licence Disk and Odometer to indicate mileage)											
Impact Area of Damage	Yes	No	VIN Number	Yes	No	Licence disk	Yes	No	Odometer	Yes	No

DRIVERS DETAILS														
Name:				Address:				Identity No.:				Telephone:		
Where can vehicle be inspected:														
Occupation:														
Telephone:														
Driver's Licence details:														
Code:				Place of Issue:				Date of Issue:						
State purpose for which vehicle was being used:														
Was the driver driving with your consent:	Yes	No	Is driver in your employ	Yes	No									
Is driver owner of another vehicle:	Yes	No												
If yes, provide name of Insurer & Policy No.:														
Details of previous accidents:														
Details of any convictions for motoring offences:														
Has licence ever been endorsed:	Yes	No												
Has the driver any physical defects. If yes, specify:														

PASSENGER DETAILS			
Passengers in Insured Vehicle	Name:	Address:	Injury:
For what purposes were they being transported:			Are they employees:

WITNESSES				
Name:		Address:		
Name:		Address:		
Name:		Address:		

OTHER PARTY DETAILS				
Other Vehicles	Registration No.	Make & Model:	Owner Name & Address	Damage Details:
	CONTACT NUMBERS:		EMAIL:	
	Telephone:	Cell phone:		
Property other than Vehicles	Name & Address of Owner:		Details of Damage:	
Personal Injuries (other than in insured vehicle)	Name of Injured:	Relation to accident (e.g. passenger, driver)	Details of Injuries:	Name of Hospital:

ACCIDENT DETAILS				
Date of Accident:		Time of Accident:		Place of Accident:
Speed – KPH	Before accident:	KPH	Moment of impact	KPH
Weather conditions:		Visibility:		
Road surface:		Width of road:		
Which vehicle lights were on:		Street lighting		
Was any warning given by you (e.g. hooting)?				
Police Details:	Name of Officer recording details:		Police Station:	Police Ref. No.:
Was driver tested for alcohol or drugs?				
Description of Accident				

Sketch or photo of accident (use add page if required)	PLEASE INDICATE CLEARLY POINT OF IMPACT & INDICATE DIRECTION OF TRAVEL BY ARROWS. GIVE DETAILS OF ANY ROAD SIGNS OR WARNING SIGNS IN VICINITY OF SCENE OF ACCIDENT
	PHOTOGRAPHS OF THE VEHICLE (Impact area of damage, the VIN number, the Licence Disk and Odometer to indicate mileage)
LICENCE INSPECTION	
I have inspected the Driver's Licence and it is free of Endorsements/ Endorsed as shown. -Please attach copy of Driver's Licence-	Signature: Capacity:

DECLARATION					
I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT AND HEREBY AUTHORISE THE INSURANCE COMPANY TO OBTAIN THE POLICE ACCIDENT REPORT ON MY BEHALF. I /WE DECLARE THAT WE WILL COMPLY WITH POLICY TERMS AND CONDITIONS AS PER THE POLICY CONTRACT AND POLICY SCHEDULE. I/WE DECLARE THAT WE WILL NOT ACCEPT OR MAKE ANY SETTLEMENT OFFER TO ANY THIRD PARTY IN RESPECT OF THIS CLAIM WITHOUT THE WRITTEN CONSENT OF THE INSURANCE COMPANY					
Signature of Driver:				Date:	
Signature of Insured:		Capacity:		Date:	

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks
- Fraud prevention and detection
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases, you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/inforeg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: info@justice.gov.za