

MOTOR ACCIDENT CLAIM FORM

INSURED DETAILS	<i>Name and Occupation</i>						
	<i>Identity Number</i>						
	<i>Address and Day Time Phone Number</i>						
VEHICLE	<i>Year, make & model of vehicle</i>						
	<i>Registration Number</i>		<i>Odometer Reading</i>				
	<i>In whose name is the vehicle registered?</i>						
	<i>If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name of Finance Company</i>						
OWN DAMAGE	<i>Damage to own vehicle</i>						
	<i>Estimate for repairs or attach quotation</i>						
	<i>Repairer's name address and telephone number</i>						
	<i>Where can your damaged vehicle be inspected?</i>						
DRIVERS DETAILS	<i>Full Name</i>						
	<i>Address</i>						
	<i>Occupation</i>						
	<i>Identity Number</i>						
	<i>State fully the purpose for which the vehicle was being used</i>						
	<i>Was he/she in your employ?</i>						
	<i>Details of any convictions for motoring offences</i>						
	<i>Has licence ever been endorsed?</i>						
OTHER PARTY (THIRD PARTY)	<i>Third Party Vehicles Damaged</i>	<i>Registration No.</i>	<i>Make</i>	<i>Name and Address of Owner and Driver</i>	<i>Details of damage</i>		
	<i>Third Party Insurer</i>	<i>Name of Insurer</i>		<i>Telephone Number</i>	<i>Policy Number</i>		
	<i>Property Damaged (other than vehicles)</i>	<i>Name and Address of Owner</i>		<i>Details of damage</i>			
	<i>Personal Injuries (other than in Insured vehicle)</i>	<i>Name of Injured</i>	<i>Relationship to accident e.g. Driver, passenger etc.</i>	<i>Details of Injuries</i>		<i>Name of Hospital if applicable</i>	

WITNESS	Name, Address and Phone No. (Independent / non passenger)			
ACCIDENT / INCIDENT DETAILS	Date, Time & Place of accident / incident	Date	Time	Place
	Travelling Speed	Before accident Km/h		Moment of impact Km/h
	a) Weather conditions b) Visibility	a)		b)
	a) Road Surface b) Width of road	a)		b)
	a) Which vehicle lights were on? b) Street lighting	a)		b)
	Was any warning given by you? e.g. hooting, indicator			
	Police Details	Name of Police Station		Accident Report Number
	Was driver tested for Alcohol or drugs?			
DESCRIPTION OF ACCIDENT				
SKETCH OF ACCIDENT (If necessary use separate page)				
AUTHORITY FOR PAYMENT	ASSIGNMENT: I/We acknowledge that the party hereby authorised to effect a credit against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/We may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior consent of the authorised party.			
	NAME OF BANK: NAME OF BRANCH & CODE: ACCOUNT NO: NAME OF ACCOUNT HOLDER :			
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.			
	Signature of Driver			
	Signature of Insured			
Date / /				