



## MOTOR ACCIDENT CLAIM FORM:

<b>Insurance company:</b>			
<b>INSURED</b>			
Name:			
Occupation:		ID Number:	
Physical Address:			
Contact Number/s:		Email Address:	
<b>VEHICLE</b>			
Make:		Model & Year:	
Registration:		Mileage:	
Hire Purchase/ Credit or leasing agreement		Account No:	
Name of registered owner of vehicle			
<b>DAMAGE</b>			
Description of Damage			
Date and Time:			
Estimate for Repairs:	R	(attach quotation)	
Is your vehicle drivable? If no, where can the vehicle be inspected?			
<b>POLICE</b>			
Police Reference:		Police Station:	
Was the driver tested for alcohol or drugs?		Date Reported:	
<b>DRIVER DETAILS</b>			
Name of Driver:			
ID No:		Place of Issue:	
Date of issue:		Licence Code:	
Has the licence of the driver been endorsed?		ID No:	
Are there any convictions or pending motor offences against the driver?			
Has the driver had any previous accidents? Please list:			

IF THE DRIVER WAS NOT THE INSURED:			
Was the driver driving with your permission?			
Does the driver have insurance on his or her own vehicle? If so please provide details:			
Where can we reach the driver? Contact Number:		Email Address:	
PASSENGERS (IN INSURED VEHICLE)			
Name:			
Contact Details:			
Address:			
Details of injured:			
Are any of the injured passengers employees of the injured?			
WITNESSES			
Name of Witness 1:			
Contact Number/s:		Email Address:	
Postal Address:			
Name of Witness 2:			
Contact Number/s:		Email Address:	
Postal Address:			
ACCIDENT DETAILS			
Date and Time:		Place: (Road Names) and nearest intersection:	
Speed:	km/h	Visibility/ Weather:	
Road Surface:	Tar	Sand	Gravel
Purpose for which the vehicle was being used at the time of the accident:			
Description of how accident occurred:			

**SKETCH OF ACCIDENT**

Blank area for sketching the accident details.

**REQUIRED DOCUMENTS**

We cannot proceed without the following documents. PLEASE ATTACH:

1. Repair Quotation from approved Panel List
2. Enlarged and legible copy of the driver's license
3. Copy of Registration Certificate

Signature of Insured: \_\_\_\_\_

Date: \_\_\_\_\_

**IF THE DRIVER NOT THE INSURED:**

I \_\_\_\_\_ was the driver of the vehicle at the time of the accident and hereby confirm that the accident details contained herein are correct.

Signature of Driver: \_\_\_\_\_

Date: \_\_\_\_\_

