



MOTOR ACCIDENT CLAIM FORM

For queries do not
hesitate to call
John Stapleton on
071 606 0823

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

VEHICLE			
Make & Model:		Year:	
Registration No.		Purchase Price:	Purchase Date:
<i>Anti-Theft Devices:</i>			
Make:		Fitted By:	Date:
<i>Details of window markings:</i>			
Number:		Applied by Whom:	
<i>Financing Details:</i>			
Finance Company:	Branch:	Type of Agreement:	Account Number: Amount:

DAMAGE			
Damage to own vehicle:			
Estimates for repair (attach quotations)			
<i>Repairer's details:</i>			
Name:	Address:	Telephone:	
Where can vehicle be inspected:			

DRIVERS DETAILS			
Full Name:		Identity No.	
Address:			
Occupation:		Telephone:	
<i>Driver's Licence details:</i>			
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 purposed 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:
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):					
<i>Police Details:</i>	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)	<p>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</p>				

LICENCE INSPECTION	
I have inspected the Driver's Licence and it is free of Endorsements/ Endorsed as shown.	Signature:
-Please attach copy of Driver's Licence-	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.					
Signature of Driver:				Date:	
Signature of Insured:		Capacity:		Date:	