



MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

Policy No.		Claim No.			
Insured	Name and Occupation				
	Address and Day Telephone Number				
	Identity Number				
Vehicle	Description of Vehicle	Make	Tare	Gross Veh. Mass	Kilometers completed
		Registration	Value	Model and Year	Date of purchase
	State name, address and account number of Finance Company				
	Chassis / VIN No.				
	In whose name is the vehicle registered?				
Damage	Damage to own vehicle				
	Estimate for repairs or attach quotation				
	Repairer's name, address and tel. no.				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers License				
	State fully the purpose for which vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Has he/she any motor insurance on own car? If yes, state Policy no. and Company				
	Details of any convictions for motoring offences				
	Has license ever been endorsed?				
	Has he/she any physical defects?				
Details of previous accidents					
Passengers (Insured Vehicle)	Passengers in insured vehicle	Name	Residential address	Injury	
	For what purposes were they carried?				
Are they employees?					

	<p>SKETCH OF ACCIDENT (If necessary use separate page)</p>	
	<p>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 the vicinity of scene of accident.</p>	

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks of proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Payment Method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.																		
	Name of bank	Branch																	
	Name of Account / Type Account No.	Account Number																	

License Inspected	I have inspected the driver's license and it is free of endorsements/endorsed as shown.	
	_____ Signature	_____ Date

Declaration	We hereby declare the foregoing particulars to be true in every respect.	
	_____ Signature of Driver	_____ Date
	_____ Signature of Insured	_____ Capacity

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