

MOTOR VEHICLE ACCIDENT

CLAIM FORM

Policy Number	
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SECTION 1: INSURED

Name & Surname / Business Name			
ID Number / Company Registration Number			
Occupation / Nature of Business			
Residential Address / Business Address		Area Code	
Postal Address		Area Code	
Telephone (W)			
Telephone (Cell)			
Telephone (Home)			
Email Address			

SECTION 2: VEHICLE

Make	
Model	
Year	
Registration Number	

SECTION 3: DAMAGE

Repairer: Name, Address & Tel Number				
Damage to Own vehicle				
Is your vehicle under warranty?	Yes		No	
Is your vehicle under motor plan?	Yes		No	
Current location of your vehicle				
If the vehicle was towed, please provide:-				
Towing Company Name				
Contact Details				
Is your vehicle incurring storage costs?	Yes		No	

SECTION 4: DRIVER

Name & Surname				
Identify Number				
Occupation				
Driver's Residential Address				
Address				Area Code
Telephone Home				
Telephone Work				
Cell				
Email Address				
State purpose for which vehicle was being used.				
Was he/she driving with permission?	Yes		No	
Has license ever been endorsed?	Yes		No	
Has he/she any physical defects?				



Driving License	Date of first issue	
	Code	

SECTION 5: PASSENGER (INSURED VEHICLE)

Name & Surname				
Address				
Injury	Yes		No	
Name & Surname				
Address				
Injury	Yes		No	

SECTION 6: OTHER PARTY: DAMAGE TO OTHER VEHICLES / PROPERTY

NB: Please notify the Insurer immediately if you become aware of any impending prosecution, inquest or demand!

1) Name & Surname (Vehicle Owner)						
Identity Number						
Occupation						
Address						
Telephone	Home		Work		Cell	
Vehicle	Make		Model		Registration	
Details of Damage						
Insurance Company Details						
Name of Insurer						
Contact Number						
Claim Number						

2)Name & Surname (Vehicle Owner)						
Identity Number						
Occupation						
Address						
Telephone	Home		Work		Cell	
Vehicle	Make		Model		Registration	
Details of Damage						
Insurance Company Details						
Name of Insurer						
Contact Number						
Claim Number						

Name & Surname (3 rd Party Property Damage)						
Identity Number/ Business Number						
Residential Address / Business Address						
Telephone	Home		Work		Cell	
Details of Damage						
Estimate of Claim						
Insurance Details						
Name of Insurer (If applicable)						
Contact Number						
Claim Number						

SECTION 7: WITNESSES

Name & Surname		Contact Number	
Name & Surname		Contact Number	
Name & Surname		Contact Number	

SECTION 8: ACCIDENT

Date			Police Station			
Time			Reference Number			
Place			Police Officer			
Was driver tested for alcohol or drugs?	Yes		No		Cell	
Speed Traveling	Before Accident (km/h)			At impact (km/h)		
Weather Conditions						
Visibility						
Road Surface	Tar		Gravel		Off-Road	
Description of Accident						
Sketch of Accident						

NB	I acknowledge that should I elect to use non-manufacture approved repairer I release Insurance Company from any liability which could arise as a result of any defective workmanship. I acknowledge further that I may lose my manufacturer's warranty and or maintenance plan that may exist on my vehicle.
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I / We declare that to the best of my/our knowledge that above information is true in every aspect.

Signature of driver	Date	Signature of Insured	Date