

INSURED DETAILS

Broker:	Insurer:	
Policyholder:	Policy No:	
Policyholder ID No:	Occupation/Business:	
Tel No:	Address:	
Cell No:		
Email Address:	Suburb:	Postal Code:

VEHICLE DETAILS

Vehicle Make:	Vehicle Model:	Year:
Vehicle Reg No:	Tare/Gross Vehicle Mass:	
Vehicle VIN No:	Odometer Reading:	

FINANCE DETAILS

Is the vehicle subject to hire purchase or similar agreement? Yes No If yes, please provide the following information:

Finance Company:	Date of Purchase:
Purchase Price:	Current Value:

DRIVER DETAILS

Full Name:		ID No:	
Tel No:	Cell No:	Occupation:	
Email Address:		Drivers Lic No:	Code:
Address:		Place Issued:	Date Issued:
Suburb:	Postal Code:	Full or Learners? Full <input type="checkbox"/> Learners <input type="checkbox"/>	
At the time of the accident was the vehicle being utilised for; personal <input type="checkbox"/> business <input type="checkbox"/> or other <input type="checkbox"/> use?			
Please Specify:			
Did the driver, if other than the policyholder, have permission from the policyholder to use the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the driver an employee of the policyholder? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is he/she the owner of another vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please complete the below fields:			
Insurer:		Policy No:	
Has the driver been in any previous accidents? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:			
Has the driver been convicted of any motor offences? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:			

ACCIDENT DETAILS

Date of Accident:	Time of Accident:	
Street/Intersection:	Suburb:	
Weather Conditions:	Visibility:	
Road Surface: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>	Width of Road:	
Speed before Accident: _____ km/h	Speed on Impact: _____ km/h	
Was there adequate street lighting? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Were the headlights on? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Were there any other witnesses of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you give any warning prior to the collision? (Hooting, flashing lights, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>		
Provide details:		

POLICE CASE REPORT

Police Case No:	Station Reported:
Attending Officer:	Date Reported:
Reported by:	Was the driver tested for alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>
Provide the results of the test:	

DAMAGE

Description of the damage to your vehicle:	
Estimate of total damages:	Repairers Name:
Repairers Tel No:	Provide address where the vehicle can be inspected below:

DESCRIPTION OF ACCIDENT

Please provide a detailed description of the accident below:

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ACCIDENT SKETCH

Please draw a detailed sketch of how the accident occurred. Clearly indicate your position at the time of the accident as well as the direction / path of travel of the vehicles with arrows. (For a useful tool visit <http://draw.accidentsketch.co.za>)

NB! Please label the vehicles in your sketch as follows:

"A" - INSURED VEHICLE:	Make and Model:	Reg No:
"B" - OTHER VEHICLE 1:	Make and Model:	Reg No:
"C" - OTHER VEHICLE 2:	Make and Model:	Reg No:
"D" - OTHER VEHICLE 3:	Make and Model:	Reg No:
"E" - OTHER VEHICLE 4:	Make and Model:	Reg No:
Street or Intersection Name:		Suburb:

PASSENGER DETAILS

Were there passengers in the insured vehicle at the time of the accident? Yes No If yes, please provide their details:

Name:	Address:	Nature of injuries sustained:

Were the passengers employees? Yes No

For what purpose were the passengers being carried?

THIRD PARTY DETAILS

NB! The accident must be reported by you using a special accident report form (Road Accident Fund) within 14 days if there is any likelihood of personal injuries, otherwise they may be able to claim from you. Please contact your broker for further details.

Please provide details of the other vehicles involved in the accident:

Vehicle Make and Model:	Registration No:	Drivers Name and Surname:	Contact No:
'B'			
'C'			
'D'			
'E'			

Please provide details of damage the other vehicles involved in the accident:

Vehicle Make and Model:	Details of Damage:
'B'	
'C'	
'D'	
'E'	

Please provide details of witnesses:

1. Witness Name:		ID Number:	
Cell No:	Work Tel:	Address:	
Email Address:		Suburb:	Postal Code:
2. Witness Name:		ID Number:	
Cell No:	Work Tel:	Address:	
Email Address:		Suburb:	Postal Code:

Please provide details of personal injuries (other than in Insured vehicle):

Name and Surname:	Contact No:	Injuries sustained:	Hospital:

Please provide details of third party insurance:

Vehicle Make and Model:	Reg No:	Insured Name:	Policy No:	Provider:
'B'				
'C'				
'D'				
'E'				

VERY IMPORTANT - The following should accompany this claim form:

Use your surname or policy number as your reference in the subject line of all correspondence.

- A detailed quotation from the repairer.
- Clear photographs of the damage that occurred along with this claim form.

I have included photographs with my claim: Yes No

CONSENT TO DISCLOSURE:

I, the undersigned acknowledge that the sharing of claims and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On behalf of yourself and on behalf of any person you represent herein, you hereby waive any right to privacy in any insurance information provided by you or on your behalf in respect of any insurance policy or claim made or lodged by you and you consent to such information being disclosed to any other insurance company or its agent. You also acknowledge that the information provided by you may be verified against other legitimate sources or databases. You also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning yourself.

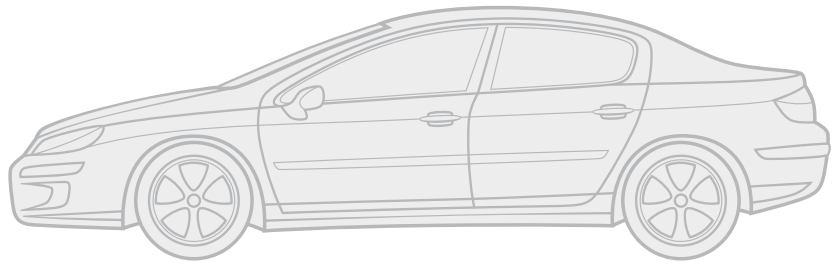
I/We solemnly declare that to the best of my/our knowledge the above statement is true.

Signed by the Insured: _____ Date: _____ Signature: _____

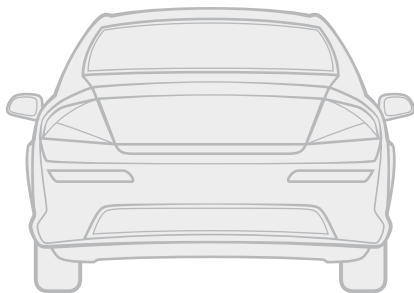
Signed by the driver: _____ Date: _____ Signature: _____



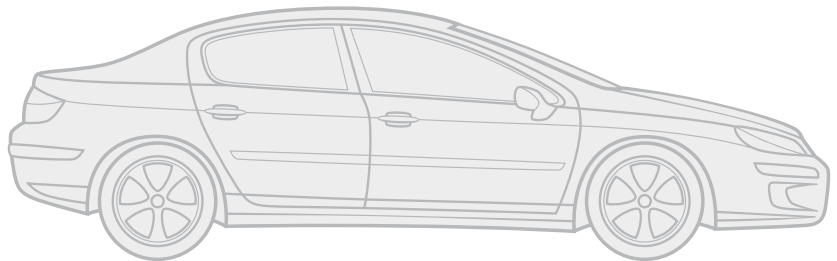
1. FRONT OF VEHICLE



2. LEFT OF VEHICLE



3. REAR OF VEHICLE



4. RIGHT OF VEHICLE

VERY IMPORTANT!

Please attach the quotation from the repairer.

Please include clear photographs of all of the damage to your vehicle along with this claim form. Kindly request the panel beater to take the full set of photographs of all the damage when they attend to the quote.

This has to include clear & visible accident damage photos of:

- 1. Full frontal of vehicle
- 2. Whole Left side of vehicle
- 3. Full rear of vehicle
- 4. Whole right side of vehicle
- 5. Clear and visible photo of all four tyres of the vehicle.
- 6. Clear photo of the vehicle license disc
- 7. Photo of the odometer reading
- 8. Gear lever