



Motor Accident Claim Form



<b>INSURED</b>	Policy Holders Name					
	Email Address					
	Identity Number					
	Phone Numbers		Work		Cell	
<b>VEHICLE</b>	Description	Year		Make		
		Model				
		Km's Completed				
		Reg. Number				
	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company:					
	In whose name is the vehicle registered?					
<b>DAMAGE</b>	Damage to own vehicle	YES	NO			
	Where can your damaged vehicle be inspected?					
	Estimate for repairs or attach two quotations					
	Repairer's name, address and telephone number					
<b>DRIVER</b>	Full Name					
	Address					
	Occupation		ID No.			
	Drivers Licence	No.	Date Issued	Exp. Date		
		Code	Full Learner	YES	NO	
	State fully the purpose for which the vehicle was being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Is he/she the owner of another Vehicle? If yes, give name of insurer and policy number					
	Details of any convictions for motoring offences					
Has licence ever been endorsed?						

<b>PASSENGERS</b>	PASSENGERS IN THE INSURED VEHICLE	Name	Address	Injury	
	For what purpose were they carried?				
Are they employees?					
<b>OTHER PARTY</b>	THEIR VEHICLES	Registration no.	Make/Model/Year	Name & address of Owner	Driver ID Number
		Cell phone Number	Work Telephone	Insurance Company	
	Damage to vehicle 1				
	Damage to vehicle 2				
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	Name of Injured	Relationship to accident e.g. Driver, Passenger etc.	Details of Injuries	Name of Hospital if applicable	

<b>WITNESSES</b>	Name, Address, Phone No.	
	Name, Address, Phone No.	

<b>ACCIDENT</b>	Date		Time		Place	
	Speed	Before accident		kph	Moment of impact	
	a) Weather conditions b) Visibility	a)			b)	
	a) Road surface b) Width of road	a)			b)	
	a) Which vehicle lights were on? b) Street lightning	a)			b)	
	Was any warning given by you, e.g. Hooting indicator etc.?					
	Police details	Name of Police/ Traffic officer who recorded details of accident				

		Police Station		
		Reference No.		
	Was driver tested for Alcohol or drugs?	YES	NO	
	DESCRIPTION OF ACCIDENT			

<b>DECLARATION</b>	<p><b>PLEASE ATTACH A CLEAR COPY OF THE DRIVER'S LICENCE</b></p> <p><b>WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.</b></p>	
	Signature of Driver: (if different to insured)	Date:
	Signature of Insured:	Date:
	<p><b>1. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.</b></p> <p><b>2. ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPARATELY TO THE ROAD ACCIDENT FUND WITHOUT DELAY.</b></p>	