



KUDA MOTOR ACCIDENT CLAIM FORM

INSURED DETAILS				
Policy Holders Name		Policy Number		
Email Address				
Identity Number				
Phone Numbers	Work		Cell	
VEHICLE DETAILS				
Make		Year		
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?				
DAMAGE				
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				
DRIVER DETAILS				
Full Name				
Address				
Occupation		ID No.		
DRIVERS LICENCE DETAILS				
No.				
Date Issued		Expiry Date		
Code		Full Learner	YES	NO
State fully the purpose for which the vehicle was being used				

KUDA HOLDINGS (PTY) LTD

BIG BAY OFFICE PARK, 2ND FLOOR, CORMORANT ROAD, BIG BAY 7441 | PO BOX 151, BLOUBERGSTRAND, 7441 |
T 021 554 5832 | COMPANY REG 2008/018404/07 | VAT NUMBER 4570254054 | AUTHORISED FINANCIAL
SERVICES & CREDIT PROVIDER | FSP 38382 | NCRCP 12527 | APPROVED LLOYD'S COVERHOLDER | PIN112897C.JS
DIRECTORS: W SMITH, B KANTOR, G PUNT

WWW.KUDA.CO.ZA

INSURER:

INFINITI INSURANCE LIMITED
BLOCK F UPPER GRAYSTON OFFICE PARK
152 ANN CRESCENT STRATHAVON 2031
T 011 505 0000 F 011 505 0001



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Was he/she driving with your permission?	YES	NO
Was he/she in your employ?	YES	NO
Is he/she the owner of another Vehicle? If yes, give name of insurer and policy number	YES	NO
Details of any convictions for motoring offences		
Has licence ever been endorsed?	YES	NO

PASSENGER DETAILS

Name	Address	Injury
For what purpose were they carried?		
Are they employees?	YES	NO

OTHER PARTY DETAILS

Name & address of Owner	Make/Model/Year	Registration no.	
Driver's ID Number	Cell phone Number	Work Telephone Number	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

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WITNESSES' DETAILS

Name, Address, Phone No.	
Name, Address, Phone No.	

ACCIDENT DETAILS

Date	Time	Place
Speed	Before accident	kph
Moment of impact		kph
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

Police Station		
Traffic officer who recorded details of accident		
Reference Number		
Was driver tested for Alcohol or drugs?	YES	NO

Description of Accident

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SKETCH OF ACCIDENT

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 vicinity of scene of accident

DECLARATION

Please attach a clear copy of the driver's licence.

We hereby declare the foregoing particulars to be true in every respect.

Signature of Driver:
(if different to insured)

Date:

Signature of Insured:

Date:

1. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest, or demand.
2. Any personal injuries noted overleaf must be reported separately to the road accident fund without delay.

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