

MOTOR CLAIM FORM

INSURED	Name & Occupation						
	ID No						
	Address & Day Phone No						
VEHICLE		Make	Tare	Gross veh mass	Kilometres Completed		
	If vehicle subject to hire purchase, creditor leasing agreement, state name of company	Reg no	Value	Model & year	Date of purchase		
	In whose name is the vehicle registered						
DAMAGE	Damage to own vehicle						
	Estimate for repairs or attach quotation						
	Repair's name, address & telephone no						
	Where can your vehicle be inspected						
DRIVER	Full name						
	Address						
	occupation						
	Identity Number						
	Driving licence	No	Date	Place	Code	Full/Learner	
	State fully the purpose for which the vehicle issued						
	Was he/she driving with your permission?						
	Was he/she in your employ?						
	Is he/she owner of another vehicle? If yes, give name of insured and policy no						
	Details of any convictions for motoring offences?						
	Has licence ever been endorsed?						
	Has he/she any physical defects?						
	Details of previous accidents?						
PASSENGERS (Insured vehicle)		Name	Address	Injury			
	Passengers in insured vehicle						
	For what purpose were they carried? Are they employees?						
OTHER PARTY	OTHER VEHICLES	Registration n o	Make	Name & address of owner and driver	Details of damage		
	PROPERTY OTHER THAN VEHICLES	Name and address of owner			Details of damage		
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)	Name of injured	Relationship to accident e.g. Driver, passenger etc.		Details of injuries		Name of hospital if applicable	

WITNESSES	Name, address & phone no's				
	Name, address & phone no's				
ACCIDENT	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 Lighting?	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 and reference no		
	Was driver tested for alcohol or drugs?				
	DESCRIPTION OF ACCIDENT				
SKETCH OF ACCIDENT (if necessary use separate page)	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.				
LICENCE INSPECTED	I have inspected the driver's licence and it is free of endorsements/endorsed as shown		Signature _____		
	Please attach copies of driver's licence, page 1 of drivers identity document and Public driving permit (if applicable)		Capacity _____		
DECLARATION	We hereby declare the foregoing particulars to be true in every aspect.				
	Signature of Driver _____		Date _____		
	Signature of Insured _____		Capacity _____ Date _____		
Insured's VAT registration no (if applicable) _____					
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND					