

# BROLINK

## MOTOR ACCIDENT CLAIM FORM

Insurer		Policy Number		Claim Number	
Insured Name				ID Number	
Occupation / Business			Day Time Tel No		
Address					
Vehicle Details	Make:	Model:		Reg No:	
Year:	Value:	Date Purchased & price paid:		Kilometers:	
Registered Owners Name:					
If subject to Hire Purchase, Credit or Leasing Agreement, state name & address of finance company					
Damage caused to own vehicle					
Estimate for repairs (attach copy of quotation)					
Repairer's name, address & tel no					
Where can your vehicle be inspected?					
Drivers Name			Occupation & ID No.		
Address					
Drivers Licence	Date:	Code:	Place:		
FULL / LEARNERS		<b>CLEAR COPY OF ID &amp; DRIVERS LICENCE MUST BE ATTACHED.</b>			
State fully the purpose for which vehicle was being used					
Was he/she in your employment?	YES / NO	Was he/she driving with your permission?	YES / NO		
Has he/she any motor insurance on own car? If yes, state Policy No. & Company?					
Details of any convictions for motoring offences					
Has licence ever been endorsed?	YES / NO	Do you / he / she have any physical disability?	YES / NO		
Details of previous accidents in the last 5 years					
Passengers:	Name	Address		Injuries	
For what purpose were they being transported?			Are they employees?	YES / NO	

Other Party:	Name	Address		Reg No.	Vehicle
Damage to property	Name:		Address:		
Their Insurance Company / Broker & Tel No.					
Policy No.		Claim No.		Damages	
Witness	Name	Address			Tel No.
Accident	Date & time:			Place:	
Speed	Before accident:		Moment of Impact:		
Weather conditions & visibility				Road surface	
Width		Street lights on	YES / NO	Vehicle lights on	YES / NO
Did you give any warning?		YES / NO	If so what?		
Police details	Station:		Ref No.:	Name of Officer:	
Was driver tested for drugs & alcohol?		YES / NO	Result of test		
Description of accident					
Sketch of accident					

Licence inspected: I have inspected the drivers licence & it is free of endorsements / endorsed as shown

Signature \_\_\_\_\_

Capacity \_\_\_\_\_

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

Date \_\_\_\_\_

Signature of Insured \_\_\_\_\_

Signature of Driver \_\_\_\_\_

**NB: It is very important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.**