

MOTOR VEHICLE ACCIDENT CLAIM FORM



INSURER

INSURED

VEHICLE

DAMAGE

DRIVER

DRIVER (Cont)

Details of any convictions for motor offences

Has licence ever been endorsed?

Has he/she any physical defects?

Details of previous accidents

PASSENGERS

PASSENGERS IN INSURED VEHICLE

Name	Address	Injury

For what purpose were they carried?

Are they employees?

OTHER PARTY

Other vehicles	Reg. No.	Make	Name and address of owner	Damages

Property other than vehicles	Name and address of owner	Details of damages

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

Tel No.

Address

Code

Name

Tel No.

Address

Code

ACCIDENT

Date

Time

Place

Speed Before accident

Moment of impact

Weather conditions

Visibility

Road surface

Width of road

Were the vehicle's lights on?

Street lighting

Was any warning given by you, e.g. hooting, indicator etc

Name of police station where accident was reported

SAPS case reference No.

Name of police/traffic officer who recorded accident details

Was our driver tested for alcohol or drugs?

Was third party tested for alcohol or drugs?

Description of accident

SKETCH OF ACCIDENT

Please show clearly the point of impact and indicate the direction of travel by arrows (if necessary use a separate page).
Give details of any road safety signs or warning signs in vicinity of scene of accident.

DECLARATION

We hereby declare the foregoing particular to be true in every respect

Signature of driver

Signature of insured

Date d a y / m o n t h / y e a r

PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF DRIVER'S IDENTITY DOCUMENT

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.

THIRD PARTY DETAILS

Third party's first name

Third party's surname

Third party's ID No.

Cell No.

Home No.

Work No.

Fax No.

Address

Code

Vehicle

Reg. No.

Insurance company

Policy No.

Claim No.

Tel. No.

Fax No.

Independent witness details

Name

Tel. No