

MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER DETAILS

Policy No. _____ Broker _____

Insured: Name _____ ID No./Co. Reg. No. _____

Occupation _____ Tel No. W _____ H _____

E-mail Address _____ Cell _____ Fax _____

Physical Address _____ Code _____

VEHICLE

Make _____ Model _____ Year _____

Kilometres completed _____ Registration No. _____

Registered Owner _____

Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? YES NO

If Yes Name of Finance Company _____ Account No. _____

Physical Address or Branch _____

DRIVER

Full name _____ ID No. _____

Address _____ Contact No. _____

Code _____

Driver's Licence

Code _____ Date of first issue (DD/MM/YYYY) _____ Endorsements _____

Who is the principal (regular) driver of this vehicle? Please mark Insured Spouse Other

If other, please specify _____

State fully the reason for which the vehicle was being used _____

Was the driver driving with your permission? Please mark YES NO N/A

Was the driver in your employ? Please mark YES NO N/A

Does the driver have any motor insurance on his/her own vehicle? Please mark YES NO N/A

If Yes, state company _____ Policy No. _____

Details of previous accidents of the driver (Specify) _____

PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For what purpose were they being transported? _____

Are they employees? _____

