

# 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	Age	Injury

For what purpose were they carried?

Are they employees?

## OTHER PARTY

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

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

Personal injuries (other than in insured vehicle)	Name of injured	Age	Relationship to accident e.g. driver / passenger	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, indicators 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 day / month / year

**PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF DRIVERS IDENTITY DOCUMENT**

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS AS SOON AS 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.