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MOTOR ACCIDENT CLAIM FORM

**This form is intended for MOTOR ACCIDENTS, MOTOR ACCIDENTS INVOLVING A THIRD PARTY type claims.
The Insurer reserves the right to request completion of their prescribed claim form if deemed necessary.**

(TO BE COMPLETED AND SIGNED BY CLAIMANT) The issue of this form is not an acknowledgement of any liability by the Insurance Company			
DETAILS OF THE INSURED ("YOU") & INSURER REFERENCE			
INSURED _____			
POSTAL ADDRESS _____	TELEPHONE _____	OFFICE: _____	FAX: _____
_____	_____	HOME: _____	_____
_____	_____	CELL: _____	_____
OCCUPATION _____	E-MAIL _____	_____	
INSURER _____	POLICY NO _____	_____	
DETAILS OF INSURED VEHICLE			
EXACT MAKE & MODEL _____	REGISTRATION NUMBER _____	_____	
NON-STANDARD ACCESSORIES FITTED _____	ODO READING _____	_____	
HP / LEASE HOLDER _____	HP/LEASE NUMBER _____	_____	
IN WHOSE NAME IS THE VEHICLE REGISTERED? _____			
FOR WHAT PURPOSE WAS THE VEHICLE USED AT THE TIME OF THE LOSS? _____			
DETAILS OF DRIVER			
FULL NAME OF DRIVER _____	DATE OF BIRTH _____	DD / MM / YYYY	
OCCUPATION OF DRIVER _____	RELATION TO YOU _____	_____	
DID THE DRIVER USE THE VEHICLE WITH YOUR PERMISSION AT THE TIME OF THE LOSS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (tick)	IS THE DRIVER IN YOUR EMPLOY? <input type="checkbox"/> YES <input type="checkbox"/> NO (tick)
DETAILS OF THE DRIVER'S OWN MOTOR INSURANCE (IF ANY). _____			
DETAILS OF ANY CONVICTIONS FOR MOTORING OFFENCES (DRIVER). _____			
HAS THE DRIVER'S DRIVING LICENCE EVER BEEN ENDORSED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO (tick)	HAS THE DRIVER ANY PHYSICAL DISABILITIES? <input type="checkbox"/> YES <input type="checkbox"/> NO (tick)
IMPORTANT! A copy of the driver's licence AND his/her ID/Passport MUST accompany this claim form.			
REPORTING TO POLICE			
CASE NUMBER _____	REPORTING DATE _____	_____	
REPORTING OFFICE _____	OFFICER NAME _____	_____	
BLOOD TESTS	<input type="checkbox"/> DONE	<input type="checkbox"/> NOT DONE (tick)	BLOOD RESULTS <input type="checkbox"/> BELOW LIMIT <input type="checkbox"/> ABOVE LIMIT (tick)
SIGNATURE: Insured / Broker / Sub-agent _____ DATE _____ TIME _____			

DETAILS OF THE ACCIDENT

DATE: DD / MM / YYYY TIME: HH : MM

LOCATION / PLACE: _____

PLEASE GIVE A BRIEF BUT CLEAR DESCRIPTION OF THE ACCIDENT / THEFT:

DRAW A CLEAR SKETCH TO ILLUSTRATE THE ACCIDENT

A = YOUR VEHICLE
 B = OTHER (T/P) VEHICLE(S)

INDICATE THE DRIVING DIRECTION OF EACH PARTY BEFORE IMPACT BY USING ARROWS AND GIVE DETAILS OF ANY ROAD SIGNS IN THE VICINITY OF THE SCENE OF THE ACCIDENT. CLEARLY MARK THE POINT OF IMPACT.

DETAILS OF DAMAGE TO THE INSURED VEHICLE

DESCRIBE THE DAMAGE _____ INDICATE THE ESTIMATED DAMAGE N\$

FROM WHICH PANELBEATERS DID YOU REQUEST QUOTATIONS? 1)

2) 3)

Please note that an assessor can only be appointed once quotations have been made available to us! Quotations can be faxed to us directly by the panel shops (fax no's on front page top of this form).

WHERE CAN THE DAMAGED VEHICLE BE INSPECTED? _____

WHO SHOULD BE CONTACTED FOR INSPECTION / ASSESSMENT APPOINTMENT? _____

DETAILS OF INJURIES TO THE DRIVER AND / OR PASSENGER(S)

DID THE DRIVER SUSTAIN ANY INJURIES IN THE ACCIDENT? YES NO (tick)

IF YES, PLEASE GIVE DETAILS:

SURNAME	NAME	CONTACT DETAILS	DESCRIPTION OF INJURIES

DID THE PASSENGER(S) SUSTAIN ANY INJURIES IN THE ACCIDENT? YES NO (tick)

IF YES, PLEASE GIVE DETAILS:

SURNAME	NAME	CONTACT DETAILS	DESCRIPTION OF INJURIES	FOR WHAT PURPOSE WERE THEY CARRIED?

SIGNATURE: Insured / Broker / Sub-agent _____ DATE _____ TIME _____

DETAILS OF DAMAGES TO THIRD PARTIES

It is important to provide as much possible information about the other vehicle and its driver, or any person who caused the event. Failure to do so may prejudice the rights of your insurer, and reduce your chances of getting reimbursed for your excess if you were not to blame for the accident. Time is of the essence in this respect!

THIRD PARTY'S VEHICLE, INSURANCE AND CONTACT DETAIL

YEAR	MAKE & MODEL	REG NO	OWNER & DRIVER'S NAME, POSTAL ADDRESS & TEL NO'S	DETAILS OF HIS/HER MOTOR INSURANCE (IF ANY)	DETAILS OF INJURIES

DAMAGE CAUSE TO OR BY PROPERTY OTHER THAN A VEHICLE

DETAILS OF DAMAGE / INJURIES	NAME, ADDRESS & TEL NO OF OWNER OR INJURED PERSON(S)

DETAILS OF INDEPENDENT WITNESSES

FULL NAME	TELEPHONE NUMBERS	RESIDENTIAL / POSTAL ADDRESS

SUBROGATION CLAUSE : (TO BE SIGNED WHEN A THIRD PARTY IS INVOLVED IN THE ACCIDENT)

The Insured will, at the expense of the Insurance Company, do and permit to be done anything in the Insured's name that may be necessary or reasonably required by the Insurance Company for the purpose of enforcing any right of the Insurance Company will become entitled to by means of subrogation, upon the indemnification of the Insured, whether these actions are required before or after the indemnification.

Signature _____ :

ACCIDENT - ADDITIONAL INFORMATION REQUIRED
(Please comment on all relevant questions)

SPEED BEFORE ACCIDENT: _____ SPEED AT MOMENT OF IMPACT: _____

TYPE OF ROAD SURFACE: _____ TYPE & WIDTH OF ROAD: _____

WEATHER CONDITIONS: _____ VISIBILITY: _____

WHICH VEHICLE LIGHTS WERE ON? _____ WERE THERE STREET LIGHTS? _____

WAS ANY WARNING GIVEN BY YOU? YES NO (tick) IF YES, PLEASE GIVE DETAILS: _____

BY WHOM WAS THE VEHICLE TOWED IN AFTER THE ACCIDENT? _____

BY WHOM WERE EMERGENCY REPAIRS PERFORMED (IF ANY)? _____

GIVE DETAILS OF ANY EMERGENCY REPAIRS AND ATTACH THE ORIGINAL INVOICE(S): _____

DECLARATION

I/WE WARRANT AND DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE TRUE IN EVERY RESPECT AND THAT I/WE HAVE NOT WITHHELD ANY INFORMATION WHATSOEVER IN CONNECTION WITH THE CLAIM

SIGNATURE: Insured / Broker / Sub-agent **DATE** **TIME**

IMPORTANT CLAIMS ASPECTS OF WHICH YOU SHOULD TAKE NOTE

EXCESS

You are liable for payment of the excess, IRRESPECTIVE WHETHER OR NOT YOU ARE TO BLAME for the accident or event. Make sure how much the excess is AND how the claim will affect your premium before you submit a claim. Small losses are often not worth claiming for.

QUOTATIONS

DO NOT supply quotations from repairers whom you are not willing to deal with. DO NOT take it for granted that your Insurer will make use of the cheapest quotation.

REPAIRS

You are under no circumstances allowed to authorise complete repairs without our written consent, except for emergency repairs.

PARTS

You are under NO circumstances allowed to: exchange parts or tyres on a damaged vehicle. If the tyres (or any part) need to be replaced for the purpose of TOWING the original tyres (or part) must accompany the vehicle to the place of towing, and noted accordingly on the towing-note for record purposes, or remove accessories or parts from a damaged vehicle, unless this is done in order to prevent theft or disappearance of goods. If removed, all such accessories need to be declared to us immediately and handed in together with the claim in order to prevent subtraction of "missing parts" on the claims settlement amount.

YOU MUST NOT:

agree to the formulation / settlement of your claim (by signing an Agreement of Loss) if you are not in agreement with the proposed method of settlement or the amount of settlement offered to you, or sign a "Release" form at a panel beater if you are dissatisfied with the quality or standard of the repairs performed to your vehicle.