

## 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			
<b>DETAILS OF THE INSURED ("YOU") &amp; INSURER REFERENCE</b>			
INSURED _____			
POSTAL ADDRESS _____	TELEPHONE _____	OFFICE: _____	FAX: _____
		HOME: _____	
		CELL: _____	
OCCUPATION _____	E-MAIL _____		
INSURER _____	POLICY NO _____		
<b>DETAILS OF INSURED VEHICLE</b>			
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? _____			
<b>DETAILS OF DRIVER</b>			
FULL NAME OF DRIVER _____		DATE OF BIRTH <span style="float: right;">DD / MM / YYYY</span>	
OCCUPATION OF DRIVER _____		RELATION TO YOU _____	
DID THE DRIVER USE THE VEHICLE WITH YOUR PERMISSION AT THE TIME OF THE LOSS?		IS THE DRIVER IN YOUR EMPLOY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (tick)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (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?		HAS THE DRIVER ANY PHYSICAL DISABILITIES?	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (tick)		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> (tick)	
<b>IMPORTANT! A copy of the driver's licence AND his/her ID/Passport MUST accompany this claim form.</b>			
<b>REPORTING TO POLICE</b>			
CASE NUMBER _____		REPORTING DATE _____	
REPORTING OFFICE _____		OFFICER NAME _____	
BLOOD TESTS	<input type="checkbox"/> DONE <input type="checkbox"/> NOT DONE <input type="checkbox"/> (tick)	BLOOD RESULTS	<input type="checkbox"/> BELOW LIMIT <input type="checkbox"/> ABOVE LIMIT <input type="checkbox"/> (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  
BEFOR 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 directly to us by the panel shops to the number on the 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 to get reimbursed of 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? <input type="checkbox"/> YES <input type="checkbox"/> NO (tick) <input type="checkbox"/>	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 claim's 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.

