

MOTOR ACCIDENT CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE. DO NOT JUST LEAVE BLANK.)

INSURER		POLICY NUMBER			VAT REG NUMBER	
INSURED	Name & occupation					
	Identity number					
	Address & phone number					
VEHICLE	Registration Number	Make	Tare	Gross Vehicle Mass	Kilo's	Date purchased & price paid
	Value	Year & model				
	If vehicle subject to Higher Purchase/Lease – state name & number of finance company					
	In whose name is the vehicle registered?					
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairers name & number					
	Where can vehicle be inspected?					
DRIVER	Full name					
	Address					
	Occupation					
	Identity number					
	Drivers licence	No	Date	Place	Code	Full / Learners
	For what purpose was the vehicle being used?					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Is he/she the owner of another vehicle?					
	If yes give insured name & policy number					
	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	Name & Address	Telephone & ID No	Make of Vehicle	Registration No	Damages	
THIS ACCIDENT MUST BE REPORTED BY YOU USING A SPECIAL ACCIDENT REPORT FORM (MMF) WITHIN 14 DAYS IF THERE IS ANY LIKELIHOOD OF INJURIES OTHERWISE THEY MAY BE ABLE TO CLAIM FROM YOU. PLEASE CONTACT US FOR FURTHER DETAILS.						

OTHER PARTY	Property other than vehicles		Name & address of owner		Details of damage	
	Personal injuries (other than in insured vehicle)		Name of injured	Relationship to accident e.g. Driver	Details of injuries	Name of hospital if applicable
WITNESSES	Name, address & phone no					
	Name, address & phone no					
ACCIDENT	Date	Time	Place			
	Speed	Before accident		Moment of impact		
	Weather conditions		Visibility			
	Road surface		Width of road			
	Which vehicle lights were on?		Street lighting			
	Was any warning given by you, e.g. hooting, indicator etc.					
	Police details	Name of police / traffic officer who recorded accident details		Police station & reference no		
	Was driver tested for alcohol or drugs?					
	Description of accident					
	Sketch of accident (If necessary use separate page)	Please show clearly the point of impact & indicate the direction of travel by arrows				
		Give details of any road safety signs or warning signs in vicinity of scene of accident				
LICENCE INSPECTED	I have inspected the drivers licence & and it is free of endorsements/endorsed as shown Signature _____					
	Please attach copies of driver's licence & page 1 of driver's identity document			Capacity _____		
DECLARATION	We hereby declare the foregoing particulars to be true in every respect					
	Signature of Driver _____		Signature of insured _____			
	Capacity _____		Date _____			
	N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND					