



## MOTOR ACCIDENT & THEFT CLAIM FORM

Broker:	
Full name of Insured / Legal entity	
Policy number	
ID or Passport No.	
Occupation	
Physical address and code	
Email:	Business tel.:
Home tel:	Mobile tel.:

<b>Motor Vehicle</b>	
Make and Model:	Year:
Odometer Reading	Registration No
Engine No	Vin No
Value:	Date of purchase:
If vehicle is subject to a Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company:	
Damage to own vehicle	Indicate old damage on Vehicle

### Driver details

Name and Surname	
Identity number	
Address	
Tell (cellphone)	
State fully the purpose for which the vehicle was being used:	
Was the vehicle being used with your permission?	
Was the driver in your employ?	
Has the driver any motor insurance?	
If YES, please state Policy No:	Insurer:
Details of any convictions for motoring offences:	
Has licence been endorsed?	
Does the driver have any physical defects?	
Details of previous accidents	



Advanced Driving Course? (If yes please attach certificate):

### Passenger details (in the insured vehicle)

1.Name and surname	Address:	Injury
	Email:	Tel
2.Name and surname	Address:	Injury
	Email:	Tel
3.Name and surname	Address:	Injury
	Email:	Tel
4.Name and surname	Address:	Injury
	Email:	Tel
For what reason were they being transported?		
Are they employees?		

### Other party details

#### Damage to other vehicle

Name of owner & driver:				ID number:	
Tel:		Email:		Address:	
Details of damage					
Type of usage	Reg. No.		Make / Model		
Name of owner & driver:				ID number:	
Tel:		Email:		Address:	
Details of damage					
Type of usage	Reg. No.		Make / Model		

#### Damage to property other than vehicles

Name of owner & driver:				ID number:	
Tel:		Email:		Address:	
Details of damage					
Name of owner & driver:				ID number:	
Tel:		Email:		Address:	
Details of damage					

#### Personal Injuries (other than in Insured vehicles)

Name of injured			Relationship to accident e.g. driver, passenger	
Tel:		Email:		Address:
Details of injuries				



Name of hospital (if applicable)			
Name of injured		Relationship to accident e.g. driver, passenger	
Tel:		Email:	Address:
Details of injuries			
Name of hospital (if applicable)			

## Witness

Name:		Tel:	
Address:			
Date		Time:	Place:
Name:		Tel:	
Address:			
Date		Time:	Place:

## Witness

Was vehicle locked?			
Who has keys?			
Police station:		Police case number:	
Colour:		Chassis number:	
Details of accessories stolen			
Anti-theft device?			

## Incident details

Date		Time:		Province:	
Intersection:			Suburb:		
Speed before accident			Speed on impact:		
Weather conditions			Visibility		
Road surface			Width of road		
Which vehicle lights were on?			Street lighting		
Was any warning, e.g. hooting, indication etc. given by you?					
Police Case No.			Police station		
Was the driver tested for alcohol or drugs?			Result of test		
Description of accident (include intersection)					

Sketch of Accident (if necessary, please use a separate page).  
Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety or warning signs in the vicinity of the scene of accident.

## Declaration

### Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Signature of driver:	Date:
Signature of insured:	

NB. It is important that you notify Insurers immediately you become aware of any impending prosecution, inquest or demand