

MOTOR ACCIDENT CLAIM FORM
(DELETE SECTIONS NOT APPLICABLE. DO NOT JUST LEAVE BLANK.)

INSURED	Name & occupation						
	Address & Contacts						
	Contact E-mail address						
VEHICLE	Registration no.	Make	Gross Vehicle Mass	Kilo's	Date purchased & price paid		
	Value	Year & model	Finance Company				
DAMAGE	Damage to own vehicle						
	Estimate for repairs or attach quotation						
	Repairers name & no. Where can your damaged vehicle be inspected?						
DRIVER	Full name						
	Address		Tel No.				
	Occupation & Date of birth						
	Drivers licence	No	Date Issued	Place	Code	Full / Learners	
	State fully, the purpose for which the vehicle was being used.						
	Was he/she driving with your permission?						
	Was he/she in your employ?						
	Details of any convictions for motor offences						
	Has licence ever been endorsed?						
	Has he/she have any physical defects?						
Details of previous accidents							
PASSENGERS (Insured's Vehicle)	Passengers in insured vehicle	Name	Address		Injury		
	For what purpose were they transported?						
Are they employees?							
DAMAGE TO OTHER VEHICLE	Registration No.	Make	Name & address of owner		Details of Damages		
DAMAGE TO 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				
THEFT	Date, time & place of accident		Date	Time	Place
	Was the vehicle left locked?				
	Who is in possession of the keys				
	Police station & reference No				
	Vehicle engine & Chassis No		Engine	Chassis No	Colour of vehicle
	If accessories stolen provide full details				
ACCIDENT	Date	Time	Place		
	Speed	Before accident	kph	Moment of impact	kph
	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?		Results of test		
	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			
SUBROGATION	I hereby subrogate, transfer and cede to the insurer any and all claims or causes of action of whatsoever kind and nature which I now have or may hereafter have, to recover against any persons as a result of the said occurrence and loss above-described. Also to recover on my behalf from such persons, my excess payment made as a result of the said occurrence. I agree that the insurer may enforce same in such manner as shall be necessary or appropriate for the use and benefit of the insurer, either in its own name or in mine. I will furnish such papers, information, or evidence as shall be within my possession or control for the purpose of enforcing such claim, demand, or cause of action.				
DECLARATION	We hereby declare the foregoing particulars to be true in every respect				
	Signature of Driver _____	Signature of insured _____			
	Date _____	Date _____			
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND					