

**MOTOR ACCIDENT CLAIM FORM**

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

<b>INSURED</b>	Name & occupation					
	Address & Contacts					
	Contact E mail address					
<b>VEHICLE</b>	Registration no.	Make	Gross Vehicle Mass	Kilo's	Date purchased & price paid	
	Value	Year & model	Finance Company			
<b>DAMAGE</b>	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairers name & no.					
	Where can your damaged vehicle be inspected?					
<b>DRIVER</b>	Full name					
	Address		Tel No.			
	Occupation & Date of birth					
	Drivers licence	No	Date Issued	Place	Code	Full / Learners
	State fully the purpose was 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					
<b>PASSENGERS (Insured's Vehicle)</b>	Passengers in insured vehicle	Name	Address		Injury	
	For what purpose were they transported?					
	Are they employees?					
<b>DAMAGE TO OTHER VEHICLE</b>	Registration No	Make	Name & address of owner		Details of Damages	
<b>DAMAGE TO PROPERTY OTHER THAN VEHICLES</b>	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

<b>WITNESSES</b>	Name, address & phone no				
	Name, address & phone no				
<b>THEFT</b>	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				
<b>ACCIDENT</b>	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		
	<b>Description of accident</b>				
	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			
<b>SUBROGATION</b>	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.				
<b>DECLARATION</b>	We hereby declare the foregoing particulars to be true in every respect				
	Signature of Driver _____		Signature of insured _____		
	Date _____		Date _____		
<b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</b>					