

MOTOR ACCIDENT CLAIM FORM

Insurer	Policy no.
---------	------------

INSURED

Name	Surname
Occupation	Daytime contact no.
Identity no.	VAT registration no.
Address	

VEHICLE

If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance	
In whose name is the vehicle registered?	
Make	Model
Year	Registration no.
Value of vehicle	Tare
Kilometres	Date of purchase
Price paid	

DAMAGE

Damage to own vehicle	
Estimate for repairs or attach quotation	
Repairer's name	Telephone no.
Address	
Where can your damaged vehicle be inspected?	

DRIVER'S DETAILS

Name	Surname	
Identity no.	Occupation	
Address		
Driver's licence details	Number	Date

	Place		Code	
	Full or learner			
State fully the purpose for which the vehicle was being used				
Was he/she driving with your permission?				
Was he/she in your employ?				
Is he/she owner of another vehicle? If yes, give name of insurer and policy number				
Details of any convictions for motoring offences				
Has licence ever been endorsed?				
Does he/she have any physical defects?				
Details of previous accidents				

PASSENGER IN INSURED VEHICLE

Passenger 1	Name		Surname	
	Address		Injury	

Passenger 2	Name		Surname	
	Address		Injury	

Passenger 3	Name		Surname	
	Address		Injury	

Passenger 4	Name		Surname	
	Address		Injury	

For what purpose were they being carried?	
Are they employees?	

OTHER VEHICLES INVOLVED

Vehicle 1	Registration no.		Make	
Name and address of owner				
Name and address of driver				
Details of damage				

Vehicle 2	Registration no.		Make	
Name and address of owner				
Name and address of driver				
Details of damage				

Vehicle 3	Registration no.		Make	
Name and address of owner				
Name and address of driver				
Details of damage				

PROPERTY OTHER THAN VEHICLES

Owner 1	Name		Surname	
Address				
Details of damage				

Owner 2	Name		Surname	
Address				
Details of damage				

Owner 3	Name		Surname	
Address				
Details of damage				

PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)

Injured 1	Name		Surname	
Relationship to accident eg. driver, passenger etc.				
Details of injuries				
Name of hospital if applicable				

Injured 2	Name		Surname	
Relationship to accident eg. driver, passenger etc.				
Details of injuries				
Name of Hospital if applicable				

Injured 3	Name		Surname	
Relationship to accident eg. driver, passenger etc.				
Details of injuries				
Name of Hospital if applicable				

WITNESSES

Witness 1	Name		Telephone no.	
Address				

Witness 2	Name		Telephone no.	
Address				

Witness 3	Name		Telephone no.	
Address				

ACCIDENT DETAILS			
Date of accident		Time of accident	
Speed before accident	kph	Speed at 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, eg. hooting, indicator etc.?			

POLICE DETAILS		
Name of police/traffic officer who recorded details of accident		
Police station		Reference no.

ACCIDENT DETAILS AND DESCRIPTION	
Was the driver tested for alcohol or drugs?	
Description of accident	
Sketch of accident (if necessary use separate page). Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident	

DECLARATION

I have inspected the driver's licence and it is free of endorsements / endorsed as shown.
Please attach copies of driver's licence and page 1 of driver's identity document.

Signature _____

Date _____

Capacity _____

We hereby declare the foregoing particulars to be true in every respect.

Signature of driver _____

Signature of insured _____

Date _____

Date _____

Capacity _____

- N.B. 1** It is important that you notify the insurers immediately when you become aware of any impending prosecution, inquest or demand
- N.B. 2** Any personal injuries noted overleaf must be reported separately to the Road Accident Fund without delay