



MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER DETAILS

Policy No. _____ Broker _____

Insured: Name _____ ID No./Co. Reg. No. _____

Occupation _____ Tel No. / Work. _____ Home _____

E-mail Address _____ Cell _____ Fax _____

Physical Address _____ Code _____

VEHICLE

Make _____ Model _____ Year _____

Kilometres completed _____ Registration No _____

Registered Owner _____

Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? YES NO

If Yes Name of Finance Company _____ Account No. _____

Physical Address or Branch _____

DRIVER

Full name _____ ID No. _____

Address _____ Contact No. _____

Code _____

Driver's Licence

Code _____ Date of first issue (DD/MM/YYYY) _____ Endorsements _____

Who is the principal (regular) driver of this vehicle? Please mark Insured Spouse Other

If other, please specify _____

State fully the reason for which the vehicle was being used _____

Was the driver driving with your permission? Please mark YES NO N/A

Was the driver in your employ? Please mark YES NO N/A

Does the driver have any motor insurance on his/her own vehicle? Please mark YES NO N/A

If Yes, state company _____ Policy No. _____

Details of previous accidents of the driver (Specify) _____

PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For what purpose were they being transported? _____

Are they employees? _____



THIRD-PARTY INJURIES (Persons injured other than in the Insured Vehicle)

Name	Driver/Passenger or Pedestrian	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIRD-PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE (This is compulsory for recovery purposes)

VEHICLE 1	Make & Model _____	Year _____	Registration No _____
Name of driver _____	Name of owner _____		_____
Owner's address _____	Contact No. _____		_____
Insurance Details			
Policy No. _____	Insurance company _____		_____
Contact No. _____	Contact person _____		_____
VEHICLE 2	Make & Model _____	Year _____	Registration No _____
Name of driver _____	Name of owner _____		_____
Owner's address _____	Contact No. _____		_____
Insurance Details			
Policy No. _____	Insurance company _____		_____
Contact No. _____	Contact person _____		_____

DAMAGE TO PROPERTY (NON-MOTOR)

Name of Owner	Address of Owner	Details of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESSES (This section is compulsory for recovery purposes)

Name	Address	Contact Details	Passenger (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT DETAILS**DAMAGE**

Area of damage to own vehicle _____

Estimate for repairs or a cash quotation R _____

Repairer's name _____ Contact No. _____

Address _____

Date of accident (DD/MM/YYYY) _____ Time of accident (hh:mm) _____

Physical address where accident occurred _____



Speed:

Before accident _____ Moment of impact _____

Conditions: (please mark)

Weather	WET	DRY	Visibility	GOOD	POOR
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE
Street lightin	YES	NO			

Police details:

Did the police a end the scene? YES NO

Name of police/traffic officer who recorded details of accident _____

Police station _____ Reference No. _____

Was the driver tested for alcohol/drugs? YES NO

Full description of accident

Sketch of accident

(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

We hereby declare all particulars to be true in every respect.

Signature of Insured _____ Date (DD/MM/YYYY) _____

Signature of driver (if not Insured) _____ Date (DD/MM/YYYY) _____

I, _____ authorise Umhlanaga Insurance Brokers to share information regarding my/our short term insurance claim with the following person/s:

Full Name ID Number

Full Name ID Number

Full Name ID Number

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.

