



PLEASE ENSURE THAT A CLEAR COPY OF VALID DRIVERS AND REPAIRERS QUOTE ARE ATTACHED
MOTOR ACCIDENT CLAIM FORM

INSURER

Insurer:	Broker:
Policy No:	Claim No:

INSURED

Insured:	Identity No:
Tel No:	Mobile No:
Address:	
Postal Code:	Email:

VEHICLE DETAILS

Make:	Model:	Year:
Registration:	Kilometers:	
Date of Purchase:	Price Paid:	
In whose name is the vehicle registered?		
Is the vehicle subject to HP/Lease: Yes <input type="radio"/> No <input type="radio"/>		
Financial Company:	Tel No:	

DRIVER DETAILS

Full Name:		
Address:		
Identity No:	Occupation:	
Drivers License:	Date:	Code:
Was he/she driving with your permission? Yes <input type="radio"/> No <input type="radio"/>		Was he/she in your employ? Yes <input type="radio"/> No <input type="radio"/>
Has license ever been endorsed? Yes <input type="radio"/> No <input type="radio"/>		Has he/she any physical defects? Yes <input type="radio"/> No <input type="radio"/>
State fully the purpose for which vehicle was being used:		
Is he/she the owner of another vehicle? Yes <input type="radio"/> No <input type="radio"/>		
If Yes, provide name of insurer & policy number:		
Details of any convictions for motoring offences:		
Details of previous accidents:		

PASSENGERS / WITNESSES

Names of passengers in assured vehicle:	
Address:	
Any injuries?	Are they employees? Yes <input type="radio"/> No <input type="radio"/>
For what purpose were they carried?	
Witness 1: Name:	Tel No:
Witness 2: Name:	Tel No:

OTHER VEHICLES

Make:	Registration:
Name:	Tel No:
Details of Damage:	

PROPERTY OTHER THAN VEHICLES

Name:	Tel No:
Address of Owner:	
Details of Damage:	

PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)

Name of Insured:
Relationship to Accident:
Details of Injuries:
Name of Hospital (if applicable):

ACCIDENT DETAILS

Date:	Time:
Place:	Speed:
Weather Conditions:	Visibility:
Road Surface:	Width of Road:
Vehicle Lights On:	Street Lighting:
Was any warning given by you, e.g.: Hooting, Indicator etc.:	
Name of Policy Officer who recorded details of Accident:	
Police Station:	Case No:
Was Driver tested for Alcohol or Drugs? Yes <input type="radio"/> No <input type="radio"/>	
Description of Accident:	
Sketch of Accident (If necessary use separate page) - Please show clearly the point of impact and indicate direction or click on block below to upload an image.	
DECLARATION: I/We hereby declare that the foregoing particulars including the stated loss are true and correct in every respect.	
Signature of Insured:	Capacity:
Signature of Driver:	Date:

NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY IF YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND