

MOTOR ACCIDENT CLAIM FORM

INSURER		BROKER		
POLICY NUMBER		BROKER CONTACT DETAIL		
		Ngenious Business Solutions (Pty) Ltd		
		011 760 2124		
INSURED	NAME	INSURED CONTACT :		
	OCCUPATION / BUSINESS DESCRIPTION	INSURED TEL / CEL NR.		
	ADDRESS	INSURED EMAIL :		
ACCIDENT DETAILS	Date of accident :	Time of Accident :		
	Place / Address of accident :			
	Speed before accident :	Speed at impact :		
	Weather Conditions :	Road Surface		
	Street Lighting :	Driver tested for alcohol / drugs :		
	Was any warning given by you/ driver :		Yes / No	
WITNESSES	Name	Address	Landline Tel No. AND Cel No.	
	Please provide details if the named person/s above is in your employ, your tenant, a family member or a business associate or partner			
VEHICLE DETAILS	Vehicle Make	Year of Manufacture		
	Vehicle Model	Registered Owner		
	Registration Number	Odometer Reading		
	VIN Number	Engine Number		
	Value	Date of Purchase		
	Is vehicle Financed ?	Finance Company		
	Outstanding Balance	Finance Account No.		
	Total Value of Accessories	Vehicle Colour		
	Details of Accessories & After Market Extra's. (*Proof required*)			
	Who is now in possession of keys /spare keys ?			
POLICE DETAILS	Date Reported	Case Number		
	Police Station			
DAMAGE TO VEHICLE	Damage to own vehicle :			
	Estimate for Repairs. (*Please provide Quotation *)			
	Repairers / Panelbeaters details :	Name & Contact Number		
		Address		
Where can vehicle be inspected : (*Contact Details & Address*)				
THIRD PARTY VEHICLES / PROPERTY	Details of Damage to Vehicles		Vehicle Make, Model & Registration Number.	
			Name & Address, Contact Details of Owner / Driver	
	Details of Damage to Third Party property		Name & Address, Contact Details of Owner / Driver	

DRIVER DETAILS	Full Name			
	Identity / Passport Number		Date of Birth	
	Address			
	Telephone / Cellphone Nr		Occupation	
	Drivers Licence - Code, Date Obtained, Expiry Date (*Copy required*)			
	Please state purpose for which the vehicle was used			
	Was driver driving vehicle with full permission of the insured			
	Was driver in employ of the insured			
	Has driver any motor insurance on own vehicle (*If yes please provide insurance policy details*)			
	Detail of any convictions for motoring offences			
	Has drivers licence ever been endorsed			
	Does driver suffer from have any affirmities / disabilities			
	Please provide details of any previous accidents in which the driver has been involved			
PASSENGERS (Insured Vehicle)	Name & Address	Details of Injuries	Contact No.	
	For what purpose were they conveyed			
	Please provide details if the named person/s above is in your employ, your tenant, a family member or a business associate or partner			
PREVIOUS LOSS / DAMAGE HISTORY	Have you previously suffered a loss ?			
	If YES, please provide details thereof :			
	If Insured, provide Details :			
OTHER INSURANCE	Is there any other Insurance policy covering this Loss / Damage ?			
	If YES, please provide Name of Insurer & Policy Number.			

DESCRIPTION OF ACCIDENT	Please described fully how the accident occurred.	

SKETCH OF ACCIDENT	Please provide sketch of accident scene. Kindly detail / indicate Own Vehicle and Third Party Vehicles / Property.	
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DECLARATION

I / We solemnly declare that I / We have suffered loss of or damage to the vehicle as detailed herein in the circumstances as described.I /We further declare that the particulars supplied above are true in all respects.

Insured Signature		Date (YYYY / MM / DD)	
Capacity			
Driver Signature		Date (YYYY / MM / DD)	
Name			

IMPORTANT NOTE

IT IS IMPORTANT TO NOTIFY THE INSURERS IMMEDIATELY UPON YOU BECOMING AWARE OF ANY IMPENDING PROSECUTION / INQUEST OR DEMAND MADE AGAINST WITH REGARDS TO THE ACCIDENT