

MOTOR VEHICLE CLAIM FORM



Telephone: (011) 640-3188 Facsimile: (011) 640-6524
 Physical Address: 334 Louis Botha Avenue, Orange Grove, 2192
 Postal Address: P O Box 46293, Orange Grove, 2119

COVERALL BROKER SUPPORT SYSTEMS

Agent / BRoker:	Policy no:	Identity no:
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INSURED

Name:		
Residential address:	Code:	
Telephone: (W) (<small>CODE</small>)	(H) (<small>CODE</small>)	CELL:
Occupation:		

VEHICLE

Make:	Engine capacity:	Model:	Year:
Vehicle value:	Odometer reading:	Date of purchase:	Price paid:
Engine no:	Chassis no:	Inspected by:	Date of valuation:
Name of registered owner:			Registration no:
Residential address:	Code:		
Telephone: (W) (<small>CODE</small>)	(H) (<small>CODE</small>)	CELL:	
Is the vehicle a "rebuilt" vehicle?	Yes	No	
Is the vehicle subject to a hire purchase, credit or lease agreement?	Yes	No	If applicable state the following:
Name and address of finance company / person:			
Address:			Code:
Account holder:			Account no:

DRIVER AT THE TIME OF THE ACCIDENT

Name:			
Residential address:	Code:		
Telephone: (W) (<small>CODE</small>)	(H) (<small>CODE</small>)	CELL:	
Occupation:			
Date of Birth:	Identity no:		
Date on which driver's licence was issued:	Place:	Code:	Full Learners
Has the licence ever been endorsed?	Yes	No	Details of any convictions for motoring offences:
Does the driver suffer from any physical defects?			
Details of previous losses/damage:			
Name of insurer:	Policy no:	Telephone: (<small>CODE</small>)	
Was the driver tested for alcohol or drugs? If so, what was the outcome?			

Does the driver have motor insurance on his / her own vehicle?	Yes	No	Policy no:	
Insurance Company:			Telephone:	CODE ()
Has any insurer ever refused / cancelled the driver's motor vehicle insurance or imposed conditions?				Yes No
Was the driver in the insured's employ?	Yes	No	Was the vehicle being used with the insured's permission?	Yes No
State the purpose for which the vehicle was being used:				

ACCIDENT

Date:	Time:	Place:
Police reference no.:	Police station:	Date reported:
Was the vehicle towed?	Yes No	Date towed:
Name of towing company:		Approximate distance towed: Km
Telephone:	CODE ()	

DAMAGE TO VEHICLE

Description of damage:
Estimated cost of repairs:
Where can your vehicle be inspected?

PASSENGERS IN INSURED VEHICLE

Name	Address / Telephone no	Relationship

Were there any injuries to passengers / driver?	Yes	No
If so, state who, and describe injuries:		
If there were injuries, is anyone going to claim for medical costs, etc?		
Yes No		
If so, please supply details:		
Name of attorneys who are going to handle the claim:		

WITNESSES

Name	Address	Telephone

OTHER VEHICLES INVOLVED / ANDER VOERTUIG BETROKKE

1	Vehicle:	Registration no:	Name of owner or driver:
			Telephone: (W) () ^{CODE} (W) () ^{CODE}
	Postal Address:		Cell:
	Code:		
2	Vehicle:	Registration no:	Name of owner or driver:
			Telephone: (W) () ^{CODE} (W) () ^{CODE}
	Postal Address:		Cell:
	Code:		
3	Vehicle:	Registration no:	Name of owner or driver:
			Telephone: (W) () ^{CODE} (W) () ^{CODE}
	Postal Address:		Cell:
	Code:		

If you suspect that the driver of the other vehicle was driving his / her employer's vehicle, please provide us with the following information:

Registration no:	Name of employer:
Business address:	Code:
Telephone: (W) () ^{CODE}	(H) () ^{CODE}

Information about the other party's insurance

Name	Insurer	Policy No	Claim No	Contact person and telephone

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name of owner:		
Address:	Code:	
Telephone: (W) () ^{CODE}	(H) () ^{CODE}	Cell:
Details of damage:		

PERSONAL INJURIES OTHER THAN IN INSURED VEHICLE

Name of injured	Address / Telephone no	Details of injuries

DESCRIPTION OF ACCIDENT

Speed before accident:	Moment of impact:	Weather conditions:
Visibility:	State of road:	Width of road:
Which lights of the vehicle were on?		
Was any warning given by you, e.g. hooting, indicators, etc?		
Who, in your opinion, was to blame for this accident?		

DESCRIPTION OF ACCIDENT IN YOUR OWN WORDS

SKETCH OF ACCIDENT

Indicate the following in the drawing:

1. The point of impact;
2. Direction of travel by arrows; and
3. Any road signs.

PREVIOUS LOSS/DAMAGE

Have you suffered any loss / damage before?

If so, supply dates and details:

If you were insured, supply name of insurer:

Telephone: ^{CODE}
 ()

Policy no:

OTHER INSURANCE		
Is there any other insurance covering this loss / damage?	Yes	No
If so, give the name of the Insurer:		
Policy no:	Telephone:	CODE ()
DECLARATION		
I / We solemnly declare that the above particulars are correct.		
Insured's signature _____	Date _____	
Driver's signature _____	Date _____	
Registered owner's signature _____	Date _____	
Office use only		
LICENCE INSPECTED		
I have inspected the driver's licence and it is free of endorsements / is endorsed as indicated.		
Signature _____	Capacity _____	Date _____