

VEHICLE OWN DAMAGE CLAIM FORM

THE INSURED

NAME OF THE INSURED		INSURER	
Policy number		Occupation	
Address		Client details	ID Number
			e-mail
			Tel (mobile)
			Tel (day)

DRIVER AT THE TIME OF THE ACCIDENT

Surname		Initials	
Address		ID Number	
		Tel (mobile)	
		Tel (day)	
Are you in possession of a valid driver's licence/PDP for the vehicle involved in accident		If yes, state code of licence and date issued and date of PDP issued	
Full/Learner's		Under the influence of alcohol	
What is the occupation of the driver		Was a blood sample taken after the accident?	

THE VEHICLE

Year, Make and Model			
Reg. no.		Registered owner	
Damage to vehicle			
Where can the vehicle be seen			
Estimated of repairs		Repairer	

The issue of this form is not an admission of liability and the insured's attention is drawn to the policy conditions which stipulate that no admission, offer, promise of payment or negotiation shall be made without the written consent of the company.

THE ACCIDENT

Date		Time		Place	
Police Station		Case nr.		Date reported	
For what purpose was the vehicle used at the time of the accident					
Short description of the accident					

I/We declare the foregoing particulars to be true in every respect and that I/We have not withheld from the Insurer any information within my knowledge connected with the loss.

SIGNATURE

DATE

Please attached clear copy of driver's license and PDP if applicable

MOTOR VEHICLE THIRDPARTY LIABILITY CLAIM FORM

Please indicate type of business		Public Company <input type="checkbox"/>	Private company <input type="checkbox"/>
Closed Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	One-man Concern <input type="checkbox"/>	
Registered address			
VAT Registration number			
IF THE DRIVER WAS NOT THE INSURED			
Was the driver in your employ at the time of the accident?			Yes / No
Was the vehicle used according to the instructions of the insured?			Yes / No
Does the driver have personal vehicle insurance?			Yes / No
If yes what is the name of the Insurance Company?			
Please state policy number			

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THE ACCIDENT

Incident details

Urban/Municipal area:
Please state the street
name and suburb

Highway/Main road:
Please state between
which exits

Rural areas: State
between which towns
and approximate
distance

Estimated speed at the time of the accident

Visibility

State of road

Width of Road

Wet or dry Weather

If the accident occurred in bad visibility or at night,
which vehicle's light were on

Yours

Other

Which signals audible or visible were given

Were you on your side of the road

You

Yes / No

Other

Yes / No

Who in your opinion was responsible for the
accident?

Were there any eyewitnesses who saw the accident?

EYEWITNESS

Name

Address

Telephone

PARTICULARS OF OTHER PARTIES INVOLVED			
Surname		Initials	
Address		ID Number	
		Tel (mobile)	
		Tel (day)	
Particulars of vehicle	Make		Reg nr
Is the vehicle insured	Yes / No	If so, please state insurance company and policy number	
Particulars of damage			
If you suspect that the person was driving an employer's vehicle, please complete			
Name of employer		Tel nr.	

GIVE A DETAILED DESCRIPTION OF THE ACCIDENT

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SKETCH OF THE ACCIDENT

Vehicle A = Insured

Vehicle B

Vehicle C:

Please pay attention to the following:

- Road markings and signs
- Traffic lights – also indicate if they were red, green or amber
- Indicate point of impact.

