

## 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	YES / NO	Under The Influence Of Alcohol	YES / NO
What is the occupation of the driver		Was a blood sample taken after the accident?	YES / NO

### THE VEHICLE

Year, Make and Model			
Reg. no.		Registered owner	
Where can the vehicle be seen			
Damage to vehicle			
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					
<b>FINANCE (in case of a write-off)</b>					
Name of finance company			Account number		
Branch			Telephone number		
Contact person					

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**