

Motor

Claim Form

The claim form must be completed with correct and factual data. All information must be disclosed even if not specifically asked for. Delete sections not applicable.

INSURED DETAILS

Broker	Fax No.
Contact Person	Email

INSURED

Name & Surname / Company Name	
Policy Number	Vat No
Address	
Landline	Cell
E-Mail	Occupation

VEHICLE

Registered Owner	
Date of Purchase	Registration Number
Make	Model
Year	Kilometers
Any Existing Damage	
HP/Credit/Leasing Agreement Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Institution	
Contract No	Telephone No

DAMAGE

Repair Estimate	Quote Attached Yes <input type="checkbox"/> No <input type="checkbox"/>
Repairer Name	Telephone No
Where can your damaged vehicle be inspected?	
Was your vehicle towed and by whom?	

DRIVER DETAILS

Full Name	Date of Birth
ID No	
Address	
Place of issue	Code
Contact Number	Occupation
Driver Licence No	Date issued
State the purpose for which the vehicle was being used	
Private <input type="checkbox"/> Business <input type="checkbox"/>	
Was the vehicle being used with insured's permission?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the driver in the insured's employ?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the driver motor insurance on own vehicle?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please state Insurer and Policy No	
Insurer	Policy Number
Details of any convictions for motoring offences during the last 3 years	
Has licence been endorsed?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the driver have any physical defects?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Previous Accidents Detail	

PASSENGERS IN INSURED VEHICLE

Name	Relationship	Injury
For what reason were they being transported?		
Are they in the employ of the Insured?		
Yes <input type="checkbox"/> No <input type="checkbox"/>		

DAMAGE TO OTHER VEHICLES

Make and Model	Registration No
Name & Address of Owner	Contact No
Name & Address of Driver if different from Owner	Contact No
Details of damage	

PROPERTY OTHER THAN VEHICLES

Owner Name	Owner Address	Contact Number	Details of Damage

OTHER PARTY INJURIES

Name of injured	Contact Numbers	Details of injuries

WITNESSES

Name	Contact Numbers	Address

THEFT/HIJACK

Date	Place
Time	
Was vehicle locked?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Who has keys/spare keys?	
Engine No	Vin No
Kilometers	
Colour Exterior	Colour Interior
Anti-theft Device	Yes <input type="checkbox"/> No <input type="checkbox"/> Make
Details of existing dents, scratches & defects	
Details of features which could assist identification	
Details of window markings	
Police station	Date Reported
Police Case Reference No	
Accessories stolen	

DETAILS OF ACCIDENT

Time and Date	Place
Speed prior to Impact	Speed at Impact
Weather conditions	
Road Surface	Tarmac <input type="checkbox"/> Cement <input type="checkbox"/> Gravel <input type="checkbox"/>
Street Lighting	On <input type="checkbox"/> Off <input type="checkbox"/>
Vehicle Lights	On <input type="checkbox"/> Off <input type="checkbox"/>
Visibility	Warning given by you e.g. Hooting
Police Station	Name of Officer
Police Case Reference No	Date Reported
Was the driver of the insured vehicle tested for alcohol/drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Result	
Description of Accident	

SKETCH OF ACCIDENT

PLEASE SUPPLY A SCANNED SKETCH OF THE ACCIDENT ALONG WITH THE COMPLETED CLAIM FORM.

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety or warning signs in the vicinity of the scene of accident.

DECLARATION

We hereby declare the foregoing particulars to be true in every respect.

Signature of Driver	Date
Signature of Owner	Date

NB. It is important to notify Insurers immediately you become aware of any impending prosecution, inquest or demand.