

## MOTOR VEHICLE ACCIDENT CLAIM FORM

<b>INSURED</b>	Policy number _____ Name and surname _____ Telephone numbers - during the day _____ Cell _____ Physical address _____ E-mail _____ Identity number _____ VAT registration (if business) _____ Occupation or business _____
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<b>VEHICLE</b>	Make _____ Model _____ Year _____ Odometer reading (km) _____ Registration number _____ Is the vehicle subject to a finance agreement? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">YES</td><td style="padding: 2px 10px;">NO</td></tr></table> If yes, please state the name and address of the finance company as well as the account number _____ _____ In whose name is the vehicle registered? _____	YES	NO
YES	NO		

<b>THE DRIVER</b>	Name and surname _____ Physical address _____ _____ Identity number _____ Occupation or business _____ Type of drivers license _____ <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">FULL</td><td style="padding: 2px 10px;">LEARNER</td></tr></table> Driving license number _____ Code (as per drivers license) _____ State the full purpose for which the vehicle was being used _____ _____ Was the driver driving with your permission? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">YES</td><td style="padding: 2px 10px;">NO</td></tr></table> Was the driver in your employment? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">YES</td><td style="padding: 2px 10px;">NO</td></tr></table> Is the driver the owner of another vehicle? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">YES</td><td style="padding: 2px 10px;">NO</td></tr></table> If yes, please state the name of the insurer and the policy number of that vehicle _____ _____ Please provide details of any previous motor convictions _____ _____ Has the driver's license ever been endorsed? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">YES</td><td style="padding: 2px 10px;">NO</td></tr></table> Does the driver have any physical disabilities? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">YES</td><td style="padding: 2px 10px;">NO</td></tr></table> If yes, please give full details _____ _____ Was the driver tested for alcohol and/or drugs ? <table border="1" style="float: right; border-collapse: collapse;"><tr><td style="padding: 2px 10px;">YES</td><td style="padding: 2px 10px;">NO</td></tr></table> Please provide details of any other accidents _____ _____	FULL	LEARNER	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
FULL	LEARNER														
YES	NO														
YES	NO														
YES	NO														
YES	NO														
YES	NO														
YES	NO														

<b>PASSENGERS</b>		<b>1</b>	<b>2</b>	<b>3</b>
	<b>NAME</b>			
	<b>CELL NO</b>			
	<b>TEL NO</b>			
	<b>ID NO</b>			
	<b>RELATION</b>			

THE ACCIDENT	Date of accident _____		
	Time of accident _____		
	Place of accident _____		
	Travelling from _____		
	Destination _____		
	Speed before the accident (km/h) _____		
	Speed at the time of the accident (km/h) _____		
	Weather conditions (e.g. clear, rainy, misty) _____ Visibility _____		
	Road surface _____		
	Width of road _____		
	Which vehicle lights were on? (if any) _____		
	Street lighting? _____	YES	NO
	Did you give any warning? (e.g. hooting, indicator) _____		
Please provide a detailed description of the accident (Should you require additional space kindly use blank paper and attach to this form)			
_____			
_____			
_____			
_____			
_____			
_____			
Please provide a sketch of the accident. Clearly indicate the point of impact and the direction of travel by arrows. Please provide details of any road safety or warning signs in the vicinity of the scene of the accident. <span style="color: red;">(Should you require additional space kindly use blank paper and attach to this form)</span>			
DAMAGE	Describe the damage to your own vehicle _____		
	Was the vehicle towed from the scene of the accident? _____		
	If yes, who was the towing company? _____ Towing reference no _____		
	State the address/place where the damaged vehicle can be inspected _____		
_____			
_____			

		1	2	3	
WITNESSES	Name				
	Cell no				
	Tel no				
	ID no				
OTHER PARTIES	Other vehicles involved in the accident _____				
	Name of the driver _____				
	ID number of the driver _____				
	Contact number of the driver _____				
	Physical address of the driver _____				
	Name of the driver's employer _____				
	Make of the vehicle _____		Model of the vehicle _____		
	Registration number of the vehicle _____				
	Details of the damage _____				
	Name of vehicle owner _____				
	Physical address of owner _____				
	Contact number of the owner _____				
	Name of their insurer/broker _____				
	Contact number of their insurer/broker _____				
	Policy number _____		Claim number _____		
	<b>Personal injuries, other than in the insured vehicle</b>				
		Name of injured	Relationship to driver	Details of injuries	Hospital (if applicable)
	Passenger 1				
	Passenger 2				
	These personal injuries must be reported separately and without delay, to the multilateral motor vehicle accident fund				
POLICE	Police station _____ Case number _____				
	<p style="color: red; font-weight: bold; font-size: small;">I/We understand that the completion of this form does not bind the insurer to payment of any claim. I/We further understand that the foregoing information is true in every respect and that I/we have not withheld any information connected with the loss from the insurer.</p>				
DECLARATION	Signature of driver _____		Date _____		
	Capacity _____				
	Signature of insured _____		Date _____		
	Capacity _____				
Please note: It is important that you notify the insurer immediately when you become aware of any pending prosecution, inquest or demand					
DOCUMENTS	<ul style="list-style-type: none"> <li>▪ Police case number - To be obtained in all instances where the accident occurred on a public road/property other than your own.</li> <li>▪ Copy of driver's license</li> <li>▪ Copy of the ID of the driver and registered owner (if not the same)</li> <li>▪ If the vehicle was towed, the receipt received from the towing company</li> <li>▪ Photos of the damage to the vehicle</li> </ul>				