

MOTOR VEHICLE ACCIDENT CLAIM FORM

INSURED

Policy number Name and surname
Contact Numbers: Work Home Cell
 Physical address
 E-mail Identity number
 VAT registration (if business) Occupation or business

VEHICLE

Make Model Year
 Odometer reading (km) Registration number
 Is the vehicle subject to a finance agreement? **YES** **NO**
 If yes, please state: Name of the finance company
 Address Contact Number
 In whose name is the vehicle registered?

THE DRIVER

Name and surname
 Physical address
 Identity number Occupation or business
 Type of drivers license: **FULL** **LEARNER**
 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? **YES** **NO** Was the driver in your employment? **YES** **NO**
 Is the driver the owner of another vehicle? **YES** **NO**
 If yes, please state the: Name of the insurer
 Policy number of that vehicle
 Please provide details of any previous motor convictions
 Has the driver's license ever been endorsed? **YES** **NO** Does the driver have any physical disabilities? **YES** **NO**
 If yes, please give full details
 Was the driver tested for alcohol and/or drugs? **YES** **NO**
 Please provide details of any other accidents

PASSENGERS

	1	2	3
Name & surname			
Cell number			
Tel number			
ID number			
Relation			

Initial: _____

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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)
 Road surface Visibility
 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. *(Should you require additional space kindly use blank paper and attach to this form)*

DAMAGE

Describe the damage to your own vehicle
 Was the vehicle towed from the scene of the accident? **YES** **NO**
 If yes, who was the towing company?
 Towing reference no
 State the address/place where the damaged vehicle can be inspected

WITNESSES

	1	2	3
Name & surname			
Cell number			
Tel number			
ID number			

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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

Contact number of the owner

Physical address of owner

Name of their insurer/broker

Contact number

Policy number

Claim number

Personal injuries, other than in the insured vehicle

	Name of injured	Relationship to driver	Details of injuries	Hospital (if applicable)
Passenger 1				
Passenger 1				

These personal injuries must be reported separately and without delay, to the multilateral motor vehicle accident fund

POLICE

Police Station

Case number/reference

DECLARATION

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.

Signature of driver: (Digital or Written if printing form)

Signature of insured: (Digital or Written if printing form)

Date

Date

Please note: It is important that you notify the insurer immediately when you become aware of any pending prosecution, inquest or demand

DOCUMENTATION

The following documentation must accompany your claim form to ensure the fast and accurate processing of your claim:

- Police case number - To be obtained in all instances where the accident occurred on a public road/property other than your own
- Copy of driver's license
- Copy of the ID of the driver and registered owner (if not the same)
- If the vehicle was towed, the receipt received from the towing company
- Photos of the damage to the vehicle

Please sign and send your completed form to:

info@indequity.com