

MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER DETAILS

Policy No.				Broker			
Insured:	Name				ID No./Co. Reg. No.		
	Occupation				Tel No.	W	H
	E-mail Address				Cell		Fax
	Physical Address						Code

VEHICLE

Make			Model			Year		
Kilometres completed			Registration No.					
Registered Owner								
Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement							YES	NO
If YES	Name of Finance Company				Account No.			
	Physical Address or Branch							

DRIVER

Full name				ID No.			
Address				Contact No.			
					Code		

Driver's Licence

Code			Date of first issue (DD/MM/YYYY)			Endorsements		
Who is the principal (regular) driver of this vehicle? Please mark						Insured	Spouse	Other
If other, please specify								
State fully the purpose for which the vehicle was being used								
Was the driver driving with your permission			Please mark	YES	NO	N/A		
Was the driver in your employ			Please mark	YES	NO	N/A		
Does the driver have any motor insurance on his/her own vehicle			Please mark	YES	NO	N/A		
If YES, state company				Policy No.				
Details of previous accidents of the driver (Specify)								
Details of any convictions for motoring offences								

PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable

For what purpose were they being transported? _____

Are they employees? _____