

## Accident Claim Form

### IMPORTANT NOTICE

Please answer all questions fully. If the space provided is insufficient, please attach a separate sheet.

Attention is drawn to the fact that making untrue or false statements or withholding material facts will give underwriters the right to repudiate any claims made under the policy of insurance. This refers to facts which are likely to influence the acceptance of the risk by underwriters.

### A. BROKER DETAILS

Broker Name

Contact Person

Tel

Cell

Email

### B. INSURED

Name of Insured

Policy Number

Occupation

ID

Postal Address

Cell

Tel

Email

### C. VEHICLE

Make

Tare

Gross Vehicle Mass

Kilometres Completed

Registration

Value

Model

Year

Date of purchase

If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company

Name

Address

In whose name is the vehicle registered?

ID

Cell

Email

**D. DAMAGE (Insured vehicle)**

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Damage to own vehicle

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Estimate for repairs or attach quotation

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Repairer's name, address and telephone number

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Where can you damaged vehicle be inspected?

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**E. DRIVER (Insured vehicle)**

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Full name

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Occupation

ID

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Address

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Driving Licence Number

Date Issued

Place

Code

Full

Learner

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State fully the purpose for which the vehicle was being used

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Was he/she driving with your permission? Yes

No

Was he/she in your employ? Yes

No

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Is he/she owner of another vehicle? Yes

No

If yes, give name of Insured and Policy Number

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Details of any convictions for motoring offences

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Has licence ever been endorsed? Yes

No

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Has he/she any physical disabilities? Yes

No

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Details of previous accidents

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**F. PASSENGERS (Insured vehicle)**

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Passenger 1 Name

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Address

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Injury

---

For what purpose were they carried?

---

Are they employees?

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---

Passenger 2 Name

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Address

---

Injury

---

For what purpose were they carried?

---

Are they employees?

---

---

Passenger 3 Name

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Address

---

Injury

---

For what purpose were they carried?

---

Are they employees?

---

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**G. OTHER PARTY**

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**OTHER VEHICLES**

---

Registration

Make

---

Owner Name

Owner Address

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Details of Damage

---

---

Registration

Make

---

Owner Name

Owner Address

---

Details of Damage

---

---

---

---

Registration

Make

Owner Name

Owner Address

---

Details of Damage

---

Registration

Make

Owner Name

Owner Address

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Details of Damage

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PROPERTY OTHER THAN VEHICLES

---

Details of Damage

Name and Address of Owner

---

Details of Damage

Name and Address of Owner

---

Details of Damage

Name and Address of Owner

---

Details of Damage

Name and Address of Owner

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PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)

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Name of Injured

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Relationship to accident e.g. Driver, Passenger etc.

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Details of Injuries

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Name of Hospital if applicable

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Name of Injured

---

Relationship to accident e.g. Driver, Passenger etc.

---

Details of Injuries

---

Name of Hospital if applicable

---

## H. WITNESSES

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Name

Tel

Address

---

Name

Tel

Address

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## I. ACCIDENT

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Date

Time

Place

Speed Before Accident

Speed Moment of impact

Weather conditions

Visibility

Road surface

Width of road

Which vehicle lights were on? Yes No Street lighting

Was any warning given by you, e.g. hooting, indicator, etc.? Yes No

Name of Police or Traffic Officer recording details of the Accident

Police station

Reference/Case Number

Was driver tested for Alcohol or Drugs? Yes No

Description Of Accident (if necessary use separate page)

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Sketch Of Accident (if necessary use separate page)

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## J. LICENCE INSPECTED

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I have inspected the driver's licence and it is free of endorsements/endorsed as shown Yes No

Name Capacity Signature

Please attach copies of driver's licence and page 1 of driver's identity document

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## K. POPI CONSENT AND DECLARATION

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### Consent to processing of personal information

The personal information provided by the potential policyholder and/or its representatives in terms of this insurance policy application will be used:

- By the underwriting manager, insurer, its employees and service providers for the provision of policy benefits, underwriting and administration of the policy, statistical analyses and the investigation and processing of claims in terms of the policy;
- To confirm risk information, risk management data, information from public sources including but not limited to addresses, and to verify ownership;
- To comply with legal and regulatory requirements as well as industry codes.

We will take all reasonable steps to ensure that all personal information is used, processed and stored in accordance with the relevant legislation, including but not limited to PAIA and POPIA.

I hereby confirm that all of the Personal Information provided above is accurate and is supplied voluntarily. I hereby authorise processing of my Personal Information as set out above and I understand the purposes for which it is required.

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signature of driver

Insured Capacity

Date

Signed by insured

N.B. It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand

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