



MOTOR ACCIDENT CLAIM

INSURED AND BROKER DETAILS

Policy no. Broker
Insured Name ID no./Co. reg. no.
Occupation Telno. W H
Email address Cell Fax
Physical address Code

VEHICLE

Make Model Year
Kilometers completed Registration no.
Registered Owner
Is the vehicle subject to a Hire Purchase, Creditor Leasing Agreement YES NO
If YES, Name of finance company Account no.
Physical address or branch

DRIVER

Fullname Identity 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
Spouse Other

If other, please specify

State fully 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)

Table with 4 columns: Name, Driver or Passenger, Details of injuries, Name of hospital if applicable

For what purpose were they being transported

Are they employees

THIRD PARTY INJURIES (Persons injured other than in the Insured Vehicle)

Name	Driver/Passenger or pedestrian	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIRD PARTY INFORMATION / VEHICLE OR PROPERTY DAMAGE (This is compulsory for recovery purposes)

VEHICLE 1	Make and model _____	Year _____	Registration no. _____
Name of driver _____	Name of owner _____		
Owner's address _____	Contact no. _____		
Insurance Details			
Policy no. _____	Insurance company _____		
Contact no. _____	Contact person _____		
VEHICLE 2	Make and model _____	Year _____	Registration no. _____
Name of driver _____	Name of owner _____		
Owner's address _____	Contact no. _____		
Insurance Details			
Policy no. _____	Insurance company _____		
Contact no. _____	Contact person _____		

DAMAGE TO PROPERTY (NON-MOTOR)

Name of Owner	Address of Owner	Details of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESSES (This section is compulsory for recovery purposes)

Name	Address	Contact Details	Passenger (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT DETAILS
DAMAGE

Area of damage to own vehicle _____

Estimate for repairs or attach quotation R _____

Repairer's name _____ Contact no. _____

Address _____

Date of accident (DD/MM/YYYY) _____ Time of accident (hh:mm) _____

Physical address where accident occurred _____



DECLARATION

I /We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that A-Sure consultants (PTY) Ltd has been made aware of all information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

Signature of Insured _____ Date (DD/MM/YYYY) _____

Signature of driver (if not Insured) _____ Date (DD/MM/YYYY) _____

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.
KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.**