

MOTOR VEHICLE ACCIDENT CLAIM FORM

Please e-mail to claims@aum.co.za or fax to 0866 812 540

POLICY NUMBER		BROKER	
▶ IMPORTANT NOTES TO READ BEFORE COMPLETING THIS FORM ◀			
1. Aquarius Underwriting Managers (Pty) Ltd does not admit liability by issuing this form. 2. A fraudulent claim will result in the loss of all policy benefits and may lead to the instigation of criminal proceedings. Insurers pass claims and underwriting information to the South African Insurance Association (SAIA) to be placed on the Information Sharing Database. The aim is to assist in verifying information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to SAIA. 3. In terms of our contractual obligations with Zurich Insurance Company Limited, assessors may be appointed to assist in quantifying losses and verifying the circumstances of the incident.			

INSURED DETAILS

Full Names													
Surname													
ID Number													
Residential Address													
Contact Numbers													
Email Address													

INCIDENT DETAILS

Date of Loss							Time						
Location													
Driver Name							Contact No.						
Driver ID Number													
Description of Loss													
Driver's License No													

VEHICLE DETAILS

Vehicle Make & Model							Reg. No.						
Purpose vehicle used for?													
Description of damages													
Vehicle towed?	YES	NO	By whom?										
Vehicle still in use?	YES	NO	If still in use, where can it be inspected?										

3rd PARTY DETAILS

Full Names							Contact No.						
Vehicle Make							Registration No.						
Insurer/Broker							Contact No.						

SAPS DETAILS

Police Station							Case Number						
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SKETCH OF ACCIDENT

Indicate the following in the drawing:

1. The point of impact
2. Direction of travel by arrows
3. Distances
4. Any road signs
5. Any other relevant information

BANK DETAILS

Bank Name		Branch Code	
Branch Name		Name of Account Holder	
Account Number		Account Type	

I declare all these particulars to be true. I undertake to forward immediately (and unanswered) any correspondence relating to this incident. I understand that you may seek information from other insurers to verify information provided.

Policyholder Signature		Date	
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NB: Please attach a copy of the driver's ID and Driver's License.