

POLICY DETAILS

Broker: _____

Policyholder: _____

Policy Number: _____

VEHICLE DETAILS

Make: _____ Engine No.: _____

Model: _____ Vin No.: _____

Year: _____ Date of Purchase: _____

Registration No.: _____ Odometer Reading: _____

Is the vehicle subject to hire purchase or similar agreement? Yes ☐ No ☐

If YES, please provide name of finance company: _____

DRIVER DETAILS

Full Name: _____

ID Number: _____ Occupation: _____

Residential Address: _____

Landline No.: _____ Mobile No.: _____

Drivers Licence No.: _____ Date of Issue: _____

Place/Area: _____ Full/Learners: _____

What was the vehicle being used for at the time of the accident? _____

Was the vehicle being used with Policyholder's permission? Yes ☐ No ☐

Is the driver an employee? Yes ☐ No ☐

Is the driver's licence endorsed? Yes ☐ No ☐

If YES, please provide details: _____

Does the Driver have any Physical Defects? Yes ☐ No ☐

If YES, please provide details: _____

DETAILS OF ACCIDENT

Date of accident: _____ Time of accident: _____

Place of accident: _____

Speed: Before accident kms On impact kms

Weather Conditions: _____

Visibility: _____

Road Surface: _____ Width of Road: _____

Were Vehicle Lights were on?

Yes ☐

No ☐

Street Lighting:

Yes ☐

No ☐

Was any Warning given by you (eg, Hooting, Indicator)?

If YES, please provide details:

Police Case reference No.:

Police Station:

Date reported:

Was the Driver tested for Alcohol or Drugs?

Yes ☐

No ☐

If YES, result of test:

ACCIDENT INFORMATION

Please provide a full description of the accident:

Please provide a sketch of the accident:

NB: Please indicate the following clearly

a) Point of impact

b) Direction of travel (using arrows)

c) Any road safety or warning signs in the near vicinity

PASSENGER DETAILS

Please provide details of the passengers in the insured vehicle:

Name:	Address:	Injuries, if any:

For what purpose were passengers being carried? _____

Are they employees?

Yes

☐

No

☐

OTHER PARTY DETAILS

Please provide details of damage to other vehicle/s:

Vehicle:	Registration No.:	Name and Address of Owner and Driver:	Damage:

Please provide details of witnesses:

Witness Name:	Contact Details:

Please provide details of damage to property other than yours:

Name and Address of Owner and Driver:	Details of Damage:

Please provide details of personal injuries (other than in insured vehicle):

Name:	Injuries:	Relationship to accident e.g. Driver:	Hospital:

LICENCE SUBMISSION

I have attached a copy of my driver's licence and warrant that it is free of endorsements

Signature _____ Capacity _____

WARRANTY

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the details of the claim

Signature of Driver _____ Date _____

Signature of Policyholder _____ Capacity _____ Date _____