

MOTOR VEHICLE ACCIDENT CLAIM FORM



Factory & Industrial
PROTECTING THE VALUE BUSINESS CREATE

INSURED

Name of Insured		
Physical Address		Postal Address
Code		Code
Policy No.		
Vat No.	Business Tel No.	Home Tel No.

VEHICLE

Reg No.	Make	Tare	Gross Vehicle Mass	Kilometres
Date purchased	Price paid	Value	Year	Model
If vehicle subject to HP/lease, provide the name of the finance company				
Finance Account No.				
In whose name is the vehicle registered?				

DAMAGE

Description of damage to own vehicle	
Estimate for repairs or attached quotation	
Repairers name	Tel No.
Where can vehicle be inspected?	

DRIVER

Full name				
Address				
Occupation			Identity No.	
Driver's licence No.	Date	Place	Code	Full/learners
For what purpose was the vehicle being used				
Was he/she driving with your permission?				
Was he/she in your employ?				
Is he/she the owner of another vehicle? If yes give insured name and policy number.				

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DRIVER (Cont)

Details of any convictions for motor offences

Has licence ever been endorsed?

Has he/she any physical defects?

Details of previous accidents

PASSENGERS

PASSENGERS IN INSURED VEHICLE

Name	Address	Injury

For what purpose were they carried?

Are they employees?

THIRD PARTY DETAILS

Third party's first name

Third party's surname

Third party's ID No.

Cell No.

Home No.

Work No.

Fax No.

Address

Code

Vehicle

Reg. No.

Insurance company

Policy No.

Claim No.

Tel. No.

Fax No.

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WITNESSES

Name	Tel No.
Address	
Code	
Name	Tel No.
Address	
Code	

ACCIDENT

Date	Time
Place	
Speed	Moment of impact
Weather conditions	Visibility
Road surface	Width of road
Were the vehicle's lights on?	Street lighting
Was any warning given by you, e.g. hooting, indicator etc	
Name of police station where accident was reported	
SAPS case reference No.	
Name of police/traffic officer who recorded accident details	
Was our driver tested for alcohol or drugs?	Was third party tested for alcohol or drugs?
Description of accident	

SKETCH OF ACCIDENT

Please show clearly the point of impact and indicate the direction of travel by arrows (if necessary use a separate page).
Give details of any road safety signs or warning signs in vicinity of scene of accident.

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OTHER PARTY

Other vehicles	Reg. No.	Make	Name and address of owner	Damages

Property other than vehicles	Name and address of owner	Details of damages

Personal injuries (other than in insured vehicle)	Name of injured	Relationship to accident e.g driver passenger etc	Details of injuries	Name of hospital if applicable

DECLARATION

I/We hereby declare that, to my best of my/our knowledge and belief, the foregoing particulars are true and correct and that I/We undertake to render Factory & Industrial every assistance in my/our power in dealing with the matter.

Signature of insured

Date d a y / m o n t h / y e a r

PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF DRIVER'S IDENTITY DOCUMENT

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.

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