MOTOR ACCIDENT CLAIM FORM

Insured: Name ID	roker No./Co. Repel No. W Ce		H _ Fax _	
Occupation E-mail Address Physical Address VEHICLE Make Model Kilometres completed Registration Registered Owner Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.	el No. W			
E-mail Address Physical Address VEHICLE Make Model Kilometres completed Registration Registered Owner Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.				
Physical Address VEHICLE Make Model Kilometres completed Registration Registered Owner Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.	Ce	ell	Fax _	
Address VEHICLE Make Model Kilometres completed Registration Registered Owner Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.				
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Kilometres completed Registered Owner Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.				
Registered Owner Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.		Y	ear	
Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.	No.			
If Yes Name of Finance Company Physical Address or Branch DRIVER Full name ID No.				
Physical Address or Branch DRIVER Full name ID No.			YES	NO
DRIVER Full name ID No.		Account No.		
Full name ID No.		_		
Address				
	t No.			
			Co	ode
Driver's Licence				
Code Date of first issue (DD/MM/YYYY)	Endorse	ments		
Who is the principal (regular) driver of this vehicle? Please mark		Insured	Spouse	Other
If other, please specify				
State fully the reason for which the vehicle was being used				
Was the driver driving with your permission? Pleas	se mark	YES	NO	N/A
Was the driver in your employ? Pleas	se mark	YES	NO	N/A
Does the driver have any motor insurance on his/her own vehicle?	se mark	YES	NO	N/A
If Yes, state company	Policy	No		
Details of previous accidents of the driver (Specify)				
PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Ro	oad Acciden	t Fund)		
Name Driver or Passenger	Details of injuries		ijuries Name of hospital if applicable	
For what purpose were they being transported?				



THIRD-PARTY INJURIES (Persons in	njured other than in the Insu	red Vehicle)			
Name	Driver/Passenger or Pedestrian	Details of inj	juries	Name of hospital if applicable	
			·		
THIRD-PARTY INFORMATION/VEH	IICLE OR PROPERTY DAMAG	E (This is compulsory for re	ecovery purpos	es)	
VEHICLE 1 Make & 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 & 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-MC	OTOP)	-			
Name of Owner		ress of Owner		Details of Damage	
nume of ounter	7100	incos or owner		Details of Damage	
			_		
WITNESSES (This section is compu				- (
Name	Address	Contact De	tails	Passenger (YES/NO)	
ACCIDENT DETAILS					
DAMAGE					
Area of damage to own vehicle					
Estimate for repairs or attach quot	ration R	·			
Repairer's name		(Contact No.		
Address					
Date of accident (DD/MM/YYYY)		Tir	me of accident (hh:mm)	
Physical address where accident o	ccurred				
		· · · · · · · · · · · · · · · · · · ·	-		



Speed:						
Before accident			Moment of impa	act		
Conditions: (pleas	se mark)					
Weather	WET	DRY	Visibility	GOOD	POOR	
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE	
Street lighting	YES	NO				
Police details:						
Did the police atte	nd the scene?				YES	NO
Name of police/tra	affic officer who record	ded details of accident				
Police station			Reference No.			
Was the driver test	ted for alcohol/drugs?	•			YES	NO
		Full descript	ion of accident			
		Skatch	of accident			
(Please show o	clearly the point of im	pact and indicate the direct		rows Give details	of any road safe	ety signs or
(Fredse show e	siculty the point of in	warning signs in vicini			or arry road surv	318113 01



DECLARATION			
We hereby declare all particulars to	be true in every respect.		
Signature of Insured		Date (DD/MM/YYYY)	
Signature of driver (if not Insured)		Date (DD/MM/YYYY)	
l, with the following person/s:	authorise Insurance Zone to sh	nare information regarding my/our short term insurance claim	
Full Name		ID Number	
Full Name		ID Number	
Full Name		ID Number	

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.

