



insurance done right

## One Commercial Investment Holdings PTY LTD

Reg No: 1998/005199/07 Is a juristic representative of:

One Commercial Motor and Liability (Pty) Ltd. FSP: 8783

One Commercial Securities (Pty) Ltd. FSP: 20395

Underwritten by Absa Insurance Risk Management Services LTD and Absa Insurance Company LTD

Tell: 0861 266 562 Address: 54 Maxwell road, Woodmead North office park, Woodmead, Johannesburg

Postal address: Postnet suite 221 PrivateBag X75, Bryanston 2021 Web: www.one.za.com

## MOTOR ACCIDENT CLAIM FORM

### Policyholder Details

Insurer	Absa Insurance Risk Management Services (Pty) Ltd		
Insured		Policy Number	
Cell		Tel Number	

### Broker Details

Broker Name		E-mail	
Cell		Tel Number	

### Vehicle Details

Make & Model		Year	
Registration Number		Purchase Price	Purchase Date

### Anti Theft devices

Make		Fitted by		Date Fitted	
Details of Window markings		Applied by Whom		Number	

### Financing Details

Finance Company	Branch	Type of Agreement	Account Number	Amount

### Damage

Damage to Own Vehicle				
Estimates for Repair (Attach Quotations)				
Repairer's Name		Repairer's Tel No		
Repairer's Address				
State where can the vehicle be inspected				

### Police

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

# MOTOR ACCIDENT CLAIM FORM

## Driver Details

Full Name				Identity Number			
Tel Number				E-mail			
Occupation				Street Address			
Driver's Licence Details	Code		Place of Issue		Date of Issue		
State the Purpose for which the Vehicle was being used							
Was He/She driving with your permission						Yes	No
Is He/ She in your employ						Yes	No
Is He/She owner of another vehicle						Yes	No
If Yes, provide Name of Insurer and Policy Number							
Details of any convictions for motoring offences							
Has license ever been endorsed						Yes	No
Has He/She any Physical Defects (If Yes Please State)						Yes	No
Details of Previous accidents							

## Passenger Details

Were there any Passengers in the Insured Vehicle, If so Please state their name, Address and Telephone Number below							
Name	Address			Tel No			
Are they Employees						Yes	No
For what purposes where they being transported							

## Witnesses Details

Name	Address			Tel No			

## Other Party Details

Registration No	Make & Model	Name & Address of Owner & Driver	Damage Details
Damage to Property other than Vehicles (Indicate)			

# MOTOR ACCIDENT CLAIM FORM

## Other Party Details

Name of Owner		Address		Tel No	
Name of Injured		Relationship to Accident (e.g. Passenger, Driver)		Details of Injuries	

## Accident details

Date, Time & Place of Accident			
Speed before accident (KPH)		Speed at Moment of Impact (KPH)	
Weather Conditions at time of accident		Visibility	
Road Surface		Width of Road	
State which Vehicle lights were on		Condition of Street Lighting	
Was any warning given by you (e.g. Hooter)		Was Driver/s tested For Alcohol or drugs	
Description of Accident			
Was a load being transported at the time of the accident?		Yes	No
If yes, what was the commodity?			

# MOTOR ACCIDENT CLAIM FORM

<p>SKETCH OF ACCIDENT (If necessary use a separate page)</p>	<p>Please indicate clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs or warning signs in vicinity of scene of accident.</p>
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## Licence Inspection

I have inspected the Driver's License and it is free of Endorsements/Endorsed as shown

Signature: \_\_\_\_\_ Capacity of Signatory: \_\_\_\_\_  
(Please attach copy of Driver's License)

## Declaration

I hereby declare the foregoing particulars to be true in every respect.

Dated \_\_\_\_ / \_\_\_\_ / 200\_\_.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ in \_\_\_\_\_ 20\_\_\_\_\_

Name: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Tel: \_\_\_\_\_