

## MOTOR VEHICLE ACCIDENT CLAIM FORM

Broker Details		Policy Number		Claim Number	
<b>Important notes to be read before completing this form</b>					

- Please fill in ALL RELEVANT SECTIONS OF THIS FORM. A fully completed form will help us to deal with your claim more efficiently.
- The form should be completed in block capitals.
- If you need more space to answer any of the questions, please use a separate sheet and ATTACH it to this form.
- Aquarius Underwriting Managers (Pty) Ltd does not admit liability by issuing this form.
- If the insured vehicle has been damaged beyond economical repair, WE WILL MOVE THE VEHICLE TO A PLACE OF FREE STORAGE PENDING RESOLUTION OF YOUR CLAIM unless you wish to make other arrangements. Please ensure your personal effects are removed from the vehicle.

### Warning - Fraud

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 help us to check 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.

Details of Policyholder					
Title		First names		Surname	
Residential address					
				Postal code	
Telephone (work)				Telephone (home)	
Cellular number				E-mail address	
Occupation					
Type of driver's license held				Date driver's license acquired	
Details of any convictions for motoring offences					

Details of Insured Vehicle					
Reg. no		Make		Model	
Colour		Cubic capacity		Odometer reading	
Engine number		Chassis number		VIN number	
Vehicle value		Price paid		Date of purchase	
Name of registered owner					
If the vehicle is subject to a hire purchase, credit or lease agreement, state the following:		Name and address of finance company / person			
				Account number	

Damage to insured vehicle			
Repairer's Name & Address			
Repairer's Telephone no.		Is the vehicle still in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If No, where can your vehicle be inspected?			

Quotation number		Estimated cost of repair	R
<b>If you anticipate your vehicle is beyond economical repair, kindly provide the following:</b>			

1. Vehicle Registration Certificate.
2. Signed Change of Ownership papers.
3. Vehicle service records or documents.
4. Hire purchased or Leasing Agreement documents and information

Please also supply any other information or documents which you feel will assist in the valuation of your vehicle

<b>Details of person driving or last in charge</b>												
Title		First names		Surname								
Residential address										Postal Code		
Telephone (work)				Telephone (home)								
Cellular number				E-mail address								
Occupation				ID number								
Date on which driver's licence was issued				Place				Code				
Driver's licence type	Full <input type="checkbox"/>	Learners <input type="checkbox"/>	Has the licence ever been endorsed		Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Details of any convictions for motoring offences												
Does the driver suffer from any physical defects?												
Details of previous accidents												
Was the driver tested for alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what was the outcome?									
If the driver is not the insured, does the driver have insurance on his/her own vehicle?								Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Insurance company				Policy number								
Has any insurer ever refused the driver motor vehicle insurance or imposed special conditions?								Yes <input type="checkbox"/>	No <input type="checkbox"/>			
Was the driver in the insured's employ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was the vehicle being used with the insured's permission?		Yes <input type="checkbox"/>	No <input type="checkbox"/>						
State the purpose for which the vehicle was being used?												
Social/domestic	<input type="checkbox"/>	Social & Professional	<input type="checkbox"/>	Business	<input type="checkbox"/>	Other	<input type="checkbox"/>					
If Business or Other, provide details												

<b>Other vehicles involved and damage to property</b>			
If you suspect that the driver of the other vehicle was driving his/her employer's vehicle, please provide us with the relevant information			
Other driver's name	Other driver's risk address	Other driver's Employer details	Other driver's contact details
Other driver's Insurance details	Other driver's postal address	Other driver's Vehicle make	Other driver's registration number

<b>Damage to property other than vehicles</b>

Please supply details of owner					
Title		First names		Surname	
Address					
				Postal Code	
Telephone (work)				Telephone (home)	
Cellular number				E-mail address	
Details of damage					

Persons injured (please give details no matter how slight the injury)			
Name of injured person & address	State whether: (a) Passenger in your vehicle (b) Driver of other vehicle (c) Passenger in other vehicle (d) Pedestrian/cyclist	Seat belt worn (Yes/No)	Describe injuries & if detained in hospital

Passengers in your vehicle				
Name	Address	Relationship	In rear or front of vehicle	Seat belts worn (Yes/no)

Independent Witnesses		
Name	Address	Telephone

Details of Accident							
Date		Time		Place			
Speed	Before accident	Km/h	Moment of impact	Km/h	Weather conditions		
Visibility			State of road			Width of road	
Which lights of the vehicle were on?				Did you, e.g. hooting, indicators, etc. give any warning?			
Who was at fault?		Self/my driver <input type="checkbox"/>		Other person <input type="checkbox"/>		Both <input type="checkbox"/> No-one <input type="checkbox"/>	
Did the police take particulars?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
Police reference no.		Police station		Date reported			
Have you or your driver been warned by police of possible prosecutions?					Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, state charges							

Description of the accident in your own words	


<b>Plan of the Accident</b>	
	<p><b>Indicate the following in the drawing:</b></p> <ol style="list-style-type: none"> <li>1. The point of impact</li> <li>2. Direction of travel by arrows</li> <li>3. Distances</li> <li>4. Any road signs</li> </ol>

<b>Declaration</b>			
		<i>If your policy is in joint names but you do not have a joint bank account, please indicate to whom settlement cheque should be made payable:</i>	
<b>Bank details for claim payments:</b>			
Account holder			
Bank and Branch			
Account number			
Account type	Savings/Current/Cheque		
I / We declare all these particulars to be true. I/We undertake to forward immediately (and unanswered) any correspondence relating to this accident. I/We understand that you may seek information from other insurers to check the answers I/We have provided.			
<b>Policyholder's signature</b>		<b>Date</b>	/ /
<b>Driver's signature</b>		<b>Date</b>	/ /