

Claim Form

A – To be completed in all instances

B – To be completed in case of any Accident, Fire & General related claims

C – To be completed in case of Theft related claims



A - INSURER	Policy Number:					
	HP number:					
Broker details:						
A - INSURED	Name & Occupation:					
	Identity number:					
	Address & Phone No.:					
	May we communicate with you via SMS?	Yes / No	Cellular number:			
	Electronic mail address (e-mail)					
A - BANK DETAILS	Bank:		Account: (type)			
	Branch:		Branch code:			
	Account number:		VAT Number (if applicable):			
B - VEHICLE DETAILS	Make:		Year model:			
	Model:		Value:			
	Registration number:		Purchase price:			
	Date of purchase:		Kilometres completed:			
	If vehicle subject to finance, state: Company & Account number?					
B - DAMAGE	Damage to own property / vehicle:	Yes / No	Estimate for damage / repairs:		R	
	Where can the damaged item / vehicle be inspected? (Please supply a name, address & telephone no):					
B - DRIVER	Full name of driver:					
	Address & telephone number:					
	Date of Birth:	DD - MM - YYYY	Occupation:			
	Driving Licence / PDP:	Number:	Date:	Place:	Code:	Full or Learner:

	State fully the purpose for which the vehicle was being used:					
	Was he/she driving with your permission?					
	Has he/she any motor insurance on own car? If yes, state policy details / number & company.					
	Details of any conviction for motoring offences (if applicable):					
B - PASSENGERS	Passengers in Insured Vehicle:	Name and age:	Address & telephone number:			Injury:
	For what purpose were they transported?					
	Are they employees?	Yes / No (If "Yes" & necessary use separate page)				
B - OTHER PARTY	Damage to other vehicles	Name & Address of Owner & Driver		Insurer (Other party)		Make & Registration number:
	Damage to property other than vehicle	Name & Address of Owner:				Details of damage:
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:
B or C - WITNESSES	Full name:	Address & telephone number:				

C - THEFT / BURGLARY	Date:	DD - MM - YYYY		
	Time:	HH-MM		
	Place: (of theft burglary)	HH-MM		
	Was property / vehicle locked?			
	Police station, telephone & reference no.:			
	Vehicle, Engine & Chassis no.:			
	Colour of vehicle:			
	If accessories or items stolen, provide full details: (if necessary use separate page)			
A - INCIDENT	Date:	DD - MM - YYYY	Time:	HH-MM
	Place:			
	Speed:	Before accident (K/ph):	Moment of impact (K/ph):	
	Weather	Conditions:	Visibility:	
	Lights on/off?	Vehicle:	Street lights:	
	Road surface:	Gravel: Yes / No Tarmac: Yes / No Cement: Yes / No Other:	Double carriage way: Yes / No Single carriage way: Yes / No Other:	
	Warnings given by you? (e.g. hooting, indicator) :			
	Police Details	Name of Police/Traffic officer who recorder details of accident:	Police station, telephone & reference number:	

	Was driver tested for alcohol or drugs?	Yes / No	Result of test::	
	Previous accidents:			
A - DESCRIPTION OF INCIDENT	Accident / Incident description: (if necessary use separate page)			
	Sketch of Accident / Scene of incident: (if necessary use separate page)			
A - DECLARATION	<p>I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect. I/We accept and understand that any false or incorrect information could severely prejudice the validity of the claim.</p> <p>(Signature of Driver) _____ Date: DD - MM - YYYY</p> <p>(Signature of Insured) _____ Date: DD - MM - YYYY</p> <p>Capacity _____</p> <p>NB: It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.</p>			