

MOTOR ACCIDENT CLAIM FORM

Please do not obtain any quotations.

We will appoint an Assessor to assess the damage to your vehicle.



SECTION A

INSURED

Insurer:	<input type="text"/>	Policy Number:	<input type="text"/>
Name:	<input type="text"/>		
Tel:	<input type="text"/>	Occupation:	<input type="text"/>
Address:	<input type="text"/>		

VEHICLE

Make:	<input type="text"/>	Tare:	<input type="text"/>
Model:	<input type="text"/>	Gross Vehicle Mass:	<input type="text"/>
Odometer Reading:	<input type="text"/>	Registration No:	<input type="text"/>
Value:	<input type="text"/>	Date of Purchase:	<input type="text"/>
Purchase Price:	<input type="text"/>		
If vehicle is subject to a Hire Purchase, Credit or Leasing Agreement, state the name of the Finance Company:	<input type="text"/>		

DAMAGE

Damage to own vehicle:	<input type="text"/>
Where can your damaged vehicle be inspected?	<input type="text"/>
Is the vehicle safe to drive?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DRIVER

Full Name:	<input type="text"/>	ID Number:	<input type="text"/>
Address:	<input type="text"/>		
Occupation:	<input type="text"/>	Tel:	<input type="text"/>
Drivers Licence No:	<input type="text"/>	Drivers Licence Date:	<input type="text"/>

Policy Number:

DRIVER

Drivers Licence Code:	<input type="text"/>	Drivers Licence Place:	<input type="text"/>
Drivers Licence Learners or Full :	<input type="text"/>	Vehicle Use:	<input type="text"/>
Was the vehicle being used with your permission?	<input type="text"/>		
Was the driver in your employ?	<input type="text"/>		
Has the driver any motor insurance?	<input type="text"/>		
If YES, please state policy number:	<input type="text"/>	If YES, please state the insurer:	<input type="text"/>
Details of convictions for motoring offences:	<input type="text"/>		
Has the licence been endorsed?	<input type="text"/>		
Does the driver have any physical defects?	<input type="text"/>		
Details of previous accidents:	<input type="text"/>		
Advanced Driving Course? If YES please attach certificate:	<input type="text"/>		

PASSENGERS (Insured Vehicle)

Name and Surname	Tel	Address	E-Mail	Injury
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For what reason were they transported?

Are they employed?

OTHER PARTY DETAILS

Damage to other vehicle

Name of owner and driver:	<input type="text"/>	ID Number:	<input type="text"/>
Address of owner and driver:	<input type="text"/>	E-Mail:	<input type="text"/>
Details of damage:	<input type="text"/>		
Registration no:	<input type="text"/>	Make / Model:	<input type="text"/>
		Tel:	<input type="text"/>

Damage to other vehicle

Name of owner and driver:	<input type="text"/>	ID Number:	<input type="text"/>
Address of owner and driver:	<input type="text"/>	E-Mail:	<input type="text"/>
Details of damage:	<input type="text"/>		
Registration no:	<input type="text"/>	Make / Model:	<input type="text"/>
		Tel:	<input type="text"/>

Policy Number:

OTHER PARTY DETAILS (Please also complete Section B)

Damage to other vehicle

Name of owner and driver: ID Number:
Address of owner and driver: E-Mail:
Type of Vehicle Usage:
Details of damage:
Registration no: Make / Model: Tel:

Damage to other vehicle

Name of owner and driver: ID Number:
Address of owner and driver: E-Mail:
Type of Vehicle Usage:
Details of damage:
Registration no: Make / Model: Tel:

Damage to property other than vehicles

Name of owner: Tel:
Address of owner:
Details of damage:

Name of owner: Tel:
Address of owner:
Details of damage:

Name of owner: Tel:
Address of owner:
Details of damage:

Personal Injuries (other than in insured vehicles)

Name of Injured: Tel:
Relationship to accident: eg. driver, passenger.
Details of injuries:
Name of Hospital (if applicable):

Personal Injuries (other than in insured vehicles)

Name of Injured: Tel:

Relationship to accident: eg. driver, passenger.

Details of injuries:

Name of Hospital (if applicable):

Name of Injured: Tel:

Relationship to accident: eg. driver, passenger.

Details of injuries:

Name of Hospital (if applicable):

Name of Injured: Tel:

Relationship to accident: eg. driver, passenger.

Details of injuries:

Name of Hospital (if applicable):

WITNESS

Name of Witness: Tel:

Address of Witness:

Date: Time: Place:

Name of Witness: Tel:

Address of Witness:

Date: Time: Place:

Name of Witness: Tel:

Address of Witness:

Date: Time: Place:

THEFT

Was vehicle locked?

Who has the keys?

Police Station: Police Case No:

Engine No: Chassis No:

Colour:

Details of Accessories stolen:

ACCIDENT DETAILS

Date: Time: Place:

Province: Suburb:

Speed before accident: Speed on impact: Intersection:

Weather Conditions: Visibility:

Road Surface: Width of road:

Which vehicle lights were on? Street lighting:

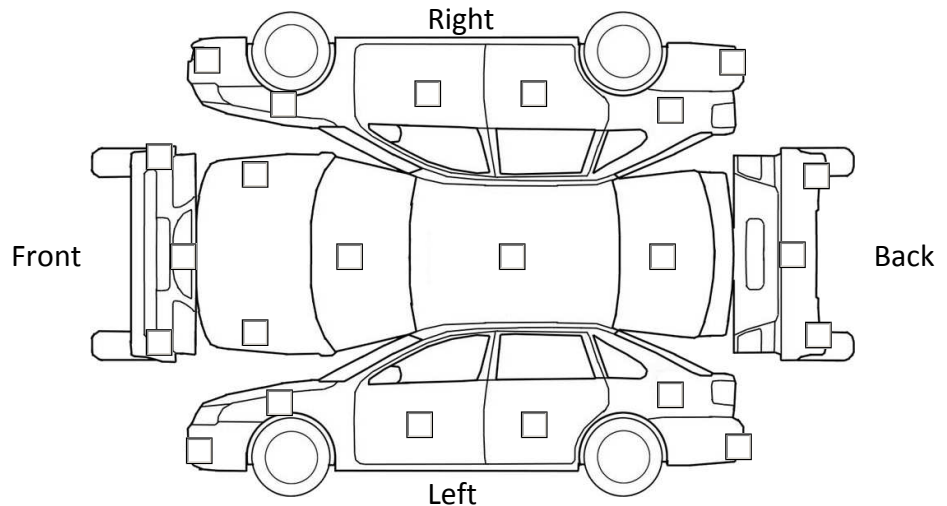
Was any warning, e.g. hooting, indication etc. given by you?

Police Case No: Police Station:

Was the driver tested for alcohol or drugs? If YES - Result of test:

Description of accident:
(Include closest intersections)

Indicate on the graphic the area of damage sustained in the accident by selecting the relevant check boxes.



BANK DETAILS

Bank:

Account Holder:

Bank Code:

Account No.:

DECLARATION

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

Signature of Driver

Date:

Signature of Insured

Date:

Capacity:

NB: It is important that you notify insurers immediately you become aware of any impending prosecutions, inquest or demand.

Policy Number:

SECTION B

AUTHORISATION TO OBTAIN SAPS / COLLISION REPORT

I, I.D. Number:

hereby authorise Telesure Legal Services (Pty) Ltd., in conjunction with *(for office use only)*

who act as their Tracing Agents to obtain the SAPS / Collision Report on my behalf.

Please contact MUA or your broker if you have any queries in this regard.

Signature

Date:



Policy Number: