



Motor Accident Claim Form

Policy no and name	
Broker name	

Insured's surname & initials			
ID number			
Physical address			Code
Day tel no			
E-mail address			

Vehicle			
Make and model			
Year and registration no	Year		Reg no
Vin number			
Engine number			
Where can vehicle be inspected?			
Name of repairer			
Where did you travel to and reason for trip?			
Use of vehicle	Private / Business		

Owner's Details		
Name and ID no of registered owner	Name	
	ID No	

Driver's Details			
Name of driver			
ID number of driver			
Residential address			
Occupation			
Drivers licence	Code		Year of 1st issue
Convictions for motor offences			
Any physical defects			
Previous accidents			
Driving with your permission	Yes / No		
Is he/she in your employment?	Yes / No		
Has licence ever been endorsed?	Yes / No		
If yes, give details			
Does he/she have their own insurance?	Yes / No	Insurer	Policy no

Details of Accident			
Date and time	Date		Time
Speed			
Place of accident			
Weather Conditions	Sunshine / Rain / Misty		
Visibility	Bad / Good / Night / Day		
Road surface	Tar / Gravel / Dirt Road / Wet		
Width of road	Singel / Dual / Highway		
Vehicle lights on	Yes / No		
Streetlighting on	Yes / No		
Warning given by you?	Hooting / Indicators	Other	

SAPD Details			
Police Station	Name		
	Ref no		Tel no
Did the SAPD attend the accident scene?	Yes / No		Name of officer
Driver tested for alcohol or drugs?	Yes / No		

Passengers		
Names	Relationship	Injuries
Reason for carrying passengers		

Witnesses	
Name	Telephone number

Third Parties			
1. Owner / driver	Vehicle make	Reg no	Adress & telephone no
Third Party insured	Yes / No	Details of insurer	
2. Owner / driver	Vehicle make	Reg no	Adress & telephone no
Third Party insured	Yes / No	Details of insurer	
3. Owner / driver	Vehicle make	Reg no	Adress & telephone no
Third Party insured	Yes / No	Details of insurer	
Property other than vehicles	Address		
	Owner		
Details of damage to Third Party vehicles or property			

Insured's Bank Details

Name of Bank	
Account Holder	
Branch	
Branch Code	
Account Type	
Account Number	

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

Signature Driver

Date

Signature Insured

Date