

Motor Accident Claim Form

INSURED	Policy number		Name					
	Identity number		Occupation					
	Contact number		VAT registration number					
	Physical address							
VEHICLE	Year		Make					
	Model		Registration number					
	VIN number		Engine number					
	Date of purchase		Value					
	Registered owner		Finance company					
DRIVER	Name of driver		Occupation					
	Identity number		Contact number					
	Physical address							
	Driver's license number		Date issued	Code	Full license	Learner's license		
	Private or business use?		Private: <input type="checkbox"/>	Business: <input type="checkbox"/>	License endorsed?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Driver driving with your permission?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Has driver any physical defects?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Was driver in your employ?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>	Any convictions for motoring offenses?		Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
	Details of previous accidents							
DAMAGE	Damage to own vehicle							
	Estimate for repairs or attach quotation							
	Repairer's name, address and contact number							
	Where can vehicle be inspected?							
PASSENGERS	Passengers in insured vehicle		Name	Contact number	Injury			
	For what purposes were they carried?							
	Are they employees?							
OTHER PARTY	Other vehicles		Registration number	Make and model	Name of owner / driver	Address of owner / driver		
			Contact details		Insurance details	Details of damage		
	Property other than vehicles		Name, contact details and address of owner		Details of damage			
	Personal injuries (other than in insured's vehicle)		Name of injured	Contact details	Details of injuries	Name of hospital		

WITNESSES	Witness 1	Full name		Contact details	
		Address			
	Witness 2	Full name		Contact details	
		Address			

ACCIDENT	Date, time and place				
	Speed	Before accident (km / h)		After accident (km / h)	
	(a) Weather conditions (b) Visibility	(a)		(b)	
	(a) Road surface (b) Width of road	(a)		(b)	
	(a) Which vehicle lights were on? (b) Street lighting	(a)		(b)	
	Any warning given by you? Indicator etc.				
	Police details	Name of police officer who recorded incident		Police station and case number	
	Was driver tested for drugs or alcohol?				
	Description of accident				
	Sketch of accident (if necessary use a separate page) Show clearly the point of impact and indicate the direction of travel by arrows. Give details and any road safety signs or warning signs in the vicinity of the scene of the accident.				

LICENSE	I have inspected the driver's license and it is free of endorsements / endorsed as shown. Signature: _____
	Please attach copies of driver's license and page 1 of driver's identity document. Capacity: _____

DECLARATION	We hereby declare the following particulars to be true in every respect.	
	Signature of driver: _____	Date: _____
	Signature of insured: _____ Capacity: _____	Date: _____
	It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand. Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accidents fund without delay.	