

MOTOR CLAIM FORM



The only thatch insurance specialists

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Name of Insurer / Insurance Co Name		Policy No.			
		Certificate No			
Insured's Details					
Name of Company					
Street Address					
Contact Numbers		TEL. ()	FAX. ()	CELL. ()	
Motor Vehicle Details					
Year		Make		Model	
Tare/Tarra		GMV		Registration	
Date of vehicle purchase				Purchase Price	
Kilometres Completed				Value of vehicle	
If the vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state the name & address of the Finance Company.					
Finance Company				Account No	
Address of Company					
In Whose name is the vehicle registered.					
Details of the Driver					
Full Name					
Address					
Occupation					
Date of Birth				Age	
Driver's Licence	Driver's Licence Number	Date Licence Obtained	Place Tested	Code	Full / Learner's / Temp
State fully the purpose for which the vehicle was used					
Was He / She in your employ at the time					
Was He / She driving with your permission		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Details of any convictions for motor offences		Nature of the offence committed	Date offence committed	Final Outcome	
Has the licence ever been endorsed ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Has He / She any physical defects ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Details of previous accidents					
Vehicle Damage Information					
Has the insured vehicle sustained damage ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Panel Beaters name & telephone number					
Panel Beaters quotation number				Quoted Amount	
Is the damaged vehicle driveable or not ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Where can the vehicle be inspected ?					
Passengers In Insured Vehicle					
Name		Address		Injury	
For what purpose were they carried ?					
Are the passengers employees ?		YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Personal Injuries - (Other than in Insured Vehicle					
Name of Injured Person	Relationship to Accident	Details of Injury sustained		Name of Hospital (if applicable)	
Property Damaged - Other than vehicles					
Name of the Property Owner					
Physical address of property					
What damage was sustained to property					

Details of Accident					
Date of Accident		Time of Accident		AM/PM	
Place of the accident					
Speed before accident		kph	Speed on impact		kph
Weather conditions			Visibility		
Road Surface			Width of Road		
Which vehicle lights were on			Street Lighting On / Off / None		
Was warning given by you ?	Hooting	<input type="checkbox"/>	Hazards	<input type="checkbox"/>	Flashing of head - lights
Description of Vehicle Accident					
S A Police Details					
Name of S A Police Station			Telephone		
Name of traffic officer			Case No		
Was the driver tested for alcohol / drugs ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Was the driver speaking on a hand held cell phone ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Is the insured vehicle fitted with a hands free kit ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Independent Witness's Details					
Name of Independent witness				Tel. ()	
Address of Independent Witness.					
Is He / She willing to make a statement ?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
Third Party's Details					
Name of vehicle owner / driver				Tel. ()	
Insurance Company / Broker				Tel. ()	
Address of vehicle owner / driver					
Make & Model of third party vehicle					
Details of damage to third party vehicle					
Name of vehicle owner / driver				Tel. ()	
Insurance Company / Broker				Tel. ()	
Address of vehicle owner / driver					
Make & Model of third party vehicle					
Details of damage to third party vehicle					
Sketch of the Motor Accident Scene					
Please show clearly the point of impact and indicate the direction of travel by means of arrows. Give details of any road safety signs or warning signs in the vicinity of the scene of accident. Please also include road markings, lane arrows & robots					
We hereby declare the foregoing particulars to be true in every respect & that the driver's licence has been inspected and is free of endorsements / endorsed as shown.					
Signature of Driver			Date signed		
Signature of Insured			Date signed		
NB : It is important that you notify us immediately you become aware of any impending prosecution / inquest or demand					