

DRAKENSTEIN MUNICIPALITY
Loss Control Report : GENERAL

Claim
 Number

Claim Submitted by

Cost Centre
 Description

Cost Centre
 Number

VEHICLE	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	Make	Tare	Gross Veh. Mass		Kilometers completed
		Registration	Value	Model and Year		Date of purchase
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairers name, address, telephone number					
	Where can your vehicle be inspected?					
DRIVER	Claimant Name					
	Address					
	Telephone Number					
	Identity Number					
	Driving License	No.	Date:	Place:	Code:	Full/Learner
	State fully the purpose for which the vehicle was being used					
	Has license ever been endorsed					
Has he/she any physical defects						
Details of previous accidents						
OTHER PARTY	OTHER VEHICLES	Registration No.	Name and address of owner and driver		Details of damage	Make
	PERSONAL INJURIES (OTHERS THAN IN INSURED VEHICLE)	Name of Injured	Relationship to accident e.g. Driver Passenger etc		Details of Injuries	Details of damage
WITNESSES	Name, Address and Phone No.					
	Name, Address and Phone No.					

NB: PLEASE NOTE ALL DAMAGED ITEMS MUST BE KEPT FOR INSPECTION PURPOSES

ACCIDENT	Date, Time & Place			
	Speed	Before Accident	Moment of Impact	
	a) Weather conditions b) Visibility	a)	b)	
	a) Road surface b) Width of road	a)	b)	
	a) was street lights on b) street lighting	a)	b)	
	Was any warning given by you, e.g. hooting, Indicator, etc.			
	Police Details	Name of Police/Traffic officer who recorded details of accident	Police Station and reference no.	
	Was driver tested for Alcohol or drugs			
	Description of Accident			
SKETCH OF ACCIDENT (If necessary use separate page)				
LICENCE INSPECTED	Attach police report	Signature.....		
	Please attach certified copies of drivers licence and page 1 of Identity Document	Capacity		
DECLARATION	We hereby declare the a forgoing particulars to be true in every respect.			
	Signature of driver	Date		
	Signature of Insured	Date		
N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND				