



		POLICY NO.]
		CLAIM NO.			1
	BROKER				
INSURED		•			
Name					
Tel Number					
Address					
Occupation					
ID Number					
	•				
VEHICLE					
Reg Number			Year		
Make			Model		
Is the vehicle su	bject to HP/Leas	se?		•	
Name of Financ	e Institution				
Registered own	er of the vehicle				
DAMAGE					
Description of d	amage to vehicl	le			
Is the damaged	vehicle driveabl	le?			
Was the damag	ed vehicle towe	d from the accident sc	ene?		
If yes, by whom?	?			Tel No	
Estimate for rep	airs / Attach rep	air quotation		•	•
Repairer's name)			Tel No	
Where can vehic	cle be inspected			•	•
DRIVER					
Full Name					
Address					
Occupation					
ID Number					
Driving Licence	No			Date	
Place				Code	
For what purpos	se was the vehic	le being used?			
Was he/she driv	ing with your pe	ermission?			
Is he/she in you	r employ?				
Is he/she the ow	ner of another v	vehicle?			
If yes, name and	of Insurer and	Policy No			
Details of any co					
Has licence ever been endorsed?					
Does he/she hav	e any physical c	defects?			
Details of previo	us accidents				

PASSENGERS

Passengers in in	sured vehicle			
Name		Address	Age	Injuries
For what purpos	se were they ca	rried?		
Are they employ	/ees?			
OTHER PARTY	<u> </u>			
Other vehicle			Reg. No	
Make		Model		
Name and address of owner & driver				
Contact details				
Insurance detail	S			
Details of dama	ges			
Other vehicle			Reg. No	
Make			Model	
Name and addr	ess of owner & o	driver		
Contact details			1	
Insurance detail	S			
Details of dama	ges			
		!	_	
Other vehicle			Reg. No	
Make			Model	
Name and addr	ess of owner & o	driver		
	ı			
Contact details		T		
Insurance detail	S			
Dataila af dama		T		
Details of dama	ges			
Property Other	han vohicles			
Name & address				
Details of damage				
Personal injuries	_	ured)		
Name	Age	Relationship i.e. drive	r/passenger	Injuries sustained
	7.90		.,passege.	
Nature of injurie	!S			
Personal injuries		sured)		
Name	Age	Relationship i.e. drive	r/passenger	Injuries sustained
			· · · · · · · · · · · · · · · · · · ·	
Nature of injurie	es			
<u>. </u>		•		
WITNESSES				
Name, Address,	Tel No			
Name, Address,	Tel No			

ACCIDENT Date Time Place Speed before accident Speed after accident Weather conditions Visibility Width of road Raod surface Were vehicle's lights on? Street lights Did you give any warning e.g. hooting, indicator etc. Name of Police Station where accident was reported SAPS case no Name of Police Officer that who recorded accident details Was our driver tested for alcohol or drugs? Was third party tested for alcohol or drugs Description of accident: Sketch of the accident (if necessary use a separate page). Cearly show the point of impact, direction of travel using arrows, details of road safety signs or warning signs in the vicinity of accident scene

We hereby declare the following particulars to be true in every repsect

Signature of Driver	
Date	

Signature of Insured	
Date	

Please attach copies of Driver's Licence and ID Document

Immediately notify the Insurer should you become aware of any impending prosecution, inquest or demand