

Motor Accident Claim Form

Policy number

Broker

PARTICIPANT

Name and occupation

Address

ID number

E-mail

Telephone

(H)

(W)

Cell

VEHICLE

Make

Model and year

Kilometres completed

If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and branch of finance company:

Name

Branch

Registration

VIN number

Date of purchase

DAMAGE

Damage to own vehicle

Repairer's name, address and telephone

Where can your damaged vehicle be inspected?

DRIVER

Full name

Address

Telephone

(H)

(W)

Cell

Occupation and date of birth

Driver's licence

No

Place

Code

Full Learner

State fully the purpose for which the vehicle was being used

Was he/she driving with your permission?

Was he/she in your employ?

Has he/she any motor insurance on own car?

If Yes, state policy no and company

Details of any convictions for motoring offences or licence endorsements

Does he/she have any physical defects?

Y

J

If Yes, provide details

Details of previous accidents

PASSENGERS (Covered vehicle)

PASSENGERS IN INSURED VEHICLE

| Name | Address | Injury |
|------|---------|--------|
| | | |
| | | |

For what purpose were they being transported?

Are they employees?

OTHER PARTY**DAMAGE TO OTHER VEHICLES**

| Registration no | Make | Name and address of owner and driver | Details of damage |
|-----------------|------|--------------------------------------|-------------------|
| | | | |
| | | | |
| | | | |
| | | | |

DAMAGE TO PROPERTY OTHER THAN VEHICLES

| Name and address of owner | Details of damage |
|---------------------------|-------------------|
| | |
| | |

PERSONAL INJURIES (OTHER THAN IN COVERED VEHICLES)

| Name of injured | Relationship to accident eg Driver, Passender etc | Details of injuries | Name of hospital (if applicable) |
|-----------------|--|---------------------|----------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

WITNESSES

Name, address and telephone

Name, address and telephone

ACCIDENT

Date, time and place

Speed before accident (kph)/

Moment of impact (kph)

(a) Weather conditions

(b) VisibilitY

(a) Road surface

(b) Width of road

(a) Which vehicle lights were on?

(b) Street lighting

Was any warning given by you, hooting, indicator etc?

Police details

Was driver tested for alcohol or drugs?

Result of test

DESCRIPTION OF ACCIDENT

SKETCH OF ACCIDENT (if necessary use separate page)
Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.

LICENCE INSPECTION

I have inspected the driver's licence and it is free of endorsements/endorsed as shown.

Signature and capacity

DECLARATION

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above and also acknowledge that this claim form does not constitute a demand in terms of the Prescribed Rate of Interest Act No 55 of 1975 as amended.

AUTHORISATION

I acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive any right to privacy in any insurance information provided by me or on my behalf in respect of any insurance policy or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also acknowledge that the information provided by me may be verified against other legitimate sources or databases. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning me.

Signature of driver

Date

Signature of insured

Capacity

Date

NB: IT IS IMPORTANT THAT YOU NOTIFY TAKAFOL IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND