

Insurer		Policy No.		Vat No.	
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**INSURED**

Full Name		ID No.	
Tel No.		Occupation	
Address			Code

**VEHICLE**

Reg No.		Make		Model		Year	
Tare		Gross Vehicle Mass		Kilometres		Date Purchased (yyyy/mm/dd)	
Price Paid		Current Value					
If the vehicle is subject to HP / Lease, provide the name of the finance company						Finance Account No.	
In whose name is the vehicle registered?							

**DAMAGE**

Description of damage to own vehicle	
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Is the damaged vehicle drivable?	Yes		No	
Was the damaged vehicle towed from the accident scene?	Yes		No	
If <b>Yes</b> , by whom?			Tel No.	
Estimate for repairs or attached quotation				
Repairers Name			Tel No.	
Where can the vehicle be inspected?				

**DRIVER**

Full Name		ID No.	
Tel No.		Occupation	
Address			Code
Drivers Licence No.		Date of Issue	Place of Issue
			Licence Code
Please Indicate:	Full Licence		Learner's Licence
			For what purpose was the vehicle being used?

**DRIVER CONTINUED**

Has licence ever been endorsed?	Yes		No	
Does the driver have any physical defects?	Yes		No	
Has the driver ever been in any previous accidents?	Yes		No	
If <b>Yes</b> , please give details				
Does the driver have any convictions for motor offences?	Yes		No	
If <b>Yes</b> , please give details				
Was the driver driving the vehicle with your permission?	Yes		No	
Was the driver in your employ?	Yes		No	
Does the driver own another vehicle?	Yes		No	
If <b>Yes</b> , please give insured name & policy no.				

**PASSENGERS**

Full Name	Address	Age	Injury
For what purpose were they carried?			
Are they Employees?	Yes		No

**OTHER PARTY DETAILS**
**Other Vehicles**

<b>Vehicle 1</b>	Reg No.		Make/Model	
	Damage to the Vehicle			
	Full Name of Owner			
	Address of Owner			
<b>Vehicle 2</b>	Reg No.		Make/Model	
	Damage to the Vehicle			
	Full Name of Owner			
	Address of Owner			
<b>Vehicle 3</b>	Reg No.		Make/Model	
	Damage to the Vehicle			
	Full Name of Owner			
	Address of Owner			

**Damage to property**

<b>Property 1</b>	Owner's Name & Address	
	What was Damaged?	
	Details of Damage	
<b>Property 2</b>	Owner's Name & Address	
	What was Damaged?	
	Details of Damage	
<b>Property 3</b>	Owner's Name & Address	
	What was Damaged?	
	Details of Damage	

**Personal Injuries (for persons not in the insured vehicle)**

<b>Injured 1</b>	Full Name of Injured					Age	
	Please state:	Driver		Passenger		Pedestrian	
	Details of Injury						
	Was the person taken to hospital?	Yes		No		If <b>Yes</b> , which hospital?	
<b>Injured 2</b>	Full Name of Injured					Age	
	Please state:	Driver		Passenger		Pedestrian	
	Details of Injury						
	Was the person taken to hospital?	Yes		No		If <b>Yes</b> , which hospital?	
<b>Injured 3</b>	Full Name of Injured					Age	
	Please state:	Driver		Passenger		Pedestrian	
	Details of Injury						
	Was the person taken to hospital?	Yes		No		If <b>Yes</b> , which hospital?	

**WITNESSES**

<b>Witness 1</b>	Full Name		Tel No.	
	Address			Code
<b>Witness 2</b>	Full Name		Tel No.	
	Address			Code
<b>Witness 3</b>	Full Name		Tel No.	
	Address			Code

### ACCIDENT

Date of Accident (yyyy/mm/dd)				Time of Accident (hh:mm)			
Place							
Speed Before Accident		Speed at Impact		Weather Conditions		Visibility	
Road Surface		Width of Road		Were the vehicle's lights on?	Yes		No
Weather Conditions				Visibility			
Street Lighting				Was any warning given by you? (hooting/indicators)		Yes	No
Police station where accident was reported				Name of officer		SAPS Case Ref No.	
Was our driver tested for alcohol/drugs?		Yes	No	Was a third party tested for alcohol/drugs?		Yes	No

<b>Description of the Accident</b>	<b>Sketch of the Accident</b>
<p style="font-size: small; color: red; text-align: center;">Please show clearly the point of impact and indicate the direction of travel by arrows (if necessary use a separate page). Give details of any road safety signs or warning signs in the vicinity of the scene of the accident.</p>	<div style="border: 1px solid black; height: 150px; width: 100%;"></div>

Please note that after authorization of a valid claim, the repairer will pre-order the parts (if applicable) and will contact you to make arrangements to book the vehicle in on the first available Monday once the parts have arrived for commencement of repairs. Should the Car Hire option be applicable to you, a hired vehicle will be arranged for the same day that the repairer can commence repairs to your vehicle.

### DECLARATION

We hereby declare the foregoing particular to be true in every respect.		Date (yyyy/mm/dd)	
Signature of Driver		Signature of Insured	

**PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF DRIVERS IDENTITY DOCUMENT**  
**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS AS SOON AS YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.**

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