

Motor Claim Form

Policy Number Broker / Agent

INSURED DETAILS

Name & Surname / Company Name
Address
Suburb / Town Postal Code
Identity No. / Company VAT Registration No.
Occupation Contact Number

VEHICLE DETAILS

Make		Model & Year	
Kilometres Completed		Registration Number	
VIN Number		Registered Owner	
Finance Company (if applicable)		Date of Purchase	

DAMAGE TO OWN VEHICLE

Description of Damage	
Estimated Repair Cost	
Repairer Name, Address & Contact Number	
Inspection Location	

DRIVER DETAILS

Please include clear copy of driver's license

Full Name		ID Number	
Occupation		Contact Number	

License Code		Validity Date of License	
Address			
State fully the purpose for which the vehicle was being used			
Was he/she driving with your permission?		Was he/she in your employ?	
Is he/she the owner of another vehicle? If YES, give name of insurer and policy number			
Details of any convictions for motoring offences			
Has license ever been endorsed?			
Has he/she any physical defects?			
Details of previous accidents			

PASSENGERS IN INSURED VEHICLE

(1) Name			
Address			
Injuries?			
For what purpose were they carried?			
Are they employees?			
(2) Name			
Address			
Injuries?			
For what purpose were they carried?			
Are they employees?			

OTHER PARTY(S) INVOLVED – VEHICLE

(1) Owner Details		Contact Number	
Driver Details		Contact Number	
Registration		Vehicle Make	
Damage Details			
Insurance Company & Policy Number			
(2) Owner Details		Contact Number	
Driver Details		Contact Number	
Registration		Vehicle Make	

Damage Details	
Insurance Company & Policy Number	

OTHER PARTY(S) INVOLVED – ANY PROPERTY OTHER THAN VEHICLE

Owner Name & Address	
Property Description	
Damage Details	

PERSONAL INJURIES (OTHER THAN IN INSURED’S VEHICLE)

(1) Name of injured	
Relation to Accident	
Injury Details	
Name of Hospital (if applicable)	
(2) Name of injured	
Relation to Accident	
Injury Details	
Name of Hospital (if applicable)	

WITNESSES

(1) Name	
Address	
Contact Number	
Email	
(2) Name	
Address	
Contact Number	
Email	

ACCIDENT / INCIDENT DETAILS

Date		Time	
Place			
Speed Before Accident (kph)		Moment of Impact (kph)	

Weather Conditions		Visibility	
Road Surface		Road Width	
Were Vehicle Lights On?		Street Lighting	
Warnings Signs Given			
Alcohol/Drug Test Performed?			
SAPS Case Number		Date Reported	A
Police Station			
Description of the Accident			

SKETCH OF ACCIDENT

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 the vicinity of the scene of the accident.

Signature of Driver		Date	
Signature of Insured		Date	