



econorisk

MOTOR ACCIDENT/DAMAGE CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE. DO NOT JUST LEAVE BLANK)

Tel: 011 803 7446

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INSURER		POLICY NUMBER			VAT REG NUMBER		
INSURED	Name & Occupation						
	Identity Number						
	Address & Phone No.						
VEHICLE	Reg No.	Make	Tare	Gross Veh. Mass	Kilo's	Date Purchased & Price Paid	
	Value	Year & Model					
	If vehicle subject to HP/Lease - state name & no. of finance company						
	In whose name is the vehicle registered?						
DAMAGE	Damage to own vehicle						
	Estimate for repairs or attach quotation						
	Repairers name & no.						
	When can the vehicle be inspected at the panelbeater?						
DRIVER	Full Name						
	Address						
	Occupation						
	Identity Number						
	Drivers Licence	No.	Date	Place	Code	Full/Learners	
	For what purpose was the vehicle 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 Insured name & policy number.						
	Details of any convictions for motor offences						
	Has licence ever been endorsed?						
	Has he/she any physical defects?						
Details of previous accidents							
PASSENGERS	Passengers in insured vehicle	Name	Address		Injury		
	For what purpose were they carried?						
Are they employees?							
OTHER PARTY	Other Vehicles	Reg. No.	Make	Name & Address of Owner		Damages	

OTHER PARTY	Property other than vehicles		Name & Address of owner		Details of Damages	
	Personal Injuries (other than in insured vehicle)		Name of injured	Relationship to accident e.g. Driver,	Details of Injuries	Name of Hospital if applicable
WITNESSES	Name, Address & Phone No.					
	Name, Address & Phone No.					
ACCIDENT	Date		Time	Place		
	Speed		Before Accident		Moment of Impact	
	Weather Conditions			Visibility		
	Road Surface			Width of Road		
	Which vehicle lights were on?			Street Lighting		
	Was any warning given by you, e.g. Hooting, Indicator etc					
	Police Details		Name of Police/Traffic Officer who recorded accident details	Police Station & Reference No.		
	Was driver tested for Alcohol or Drugs?					
	Description of Accident					
	Sketch of Accident		Please show clearly the point of impact and indicate the direction of travel by arrows.			
	(If necessary use separate page)		Give details of any road safety signs or warning signs in vicinity of scene of accident			
LICENCE INSPECTED	I have inspected the drivers license and it is free of endorsements/endorsed as shown			Signature _____		
	Please attach copies of driver's licence and page 1 of drivers identity document			Capacity _____		
DECLARATION	We hereby declare the foregoing particulars to be true in every respect					
	Signature of Driver _____		Signature of insured _____			
	Capacity _____		Date _____			
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND						