Head Office
Renasa House
170 Oxford Road, Melrose

KZN
2nd Floor, Gateway Auto City
2 Jubilee Grove, Umhlanga Ridge

CPT:
Ground Floor, Liesbeek House
River Park, River Lane, Mowbray

RENASA
INSURANCE COMPANY LIMITED

Head Office
Tel: 011-380 3080
Fax: 011-380 3088

KZN:
Tel: 031-566 3337
Fax: 031-566 4864

CPT:
Tel: 021-680 5058
Fax: 021-680 5262

MOTOR ACCIDENT CLAIM FORM
Delete sections not applicable

	INSURER	Policy No.:					
INSURED	Name			Occupation:			
	Address			Contact Numbers	Tel:		
					Cell:		
VEHICLE	Vehicle Details	Year	Make:	Tare	Model:		Registration:
		Date Purchased:	Price Paid:	Gross Vehicle Mass:	Value		Kilometers Completed:
	If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and tel. number of Finance Company						
	Name Of Institution:			Address:			
	Account Number:			Contact Numbers			
	Did you arrange the towing through the Renasa Assist call centre, if so provide reference number:					**Ref No.:**	
	If you did not arrange for towing through Renasa Assist, please indicate why not:						
	Is vehicle subject to motor plan or warranty? (select with "X")	Yes		No			
	Is vehicle drivable?	Yes		No			
	Is vehicle incurring storage costs at present?	Yes		No			
	If yes, please indicate vehicle location						
DAMAGE	Damage to own vehicle						
	Estimate for repairs or attach quotation						
	Repairer's name, address and telephone number						
	Where can your damaged vehicle be inspected?						
DRIVER	Full name:		Occupation:				
	Date Of Birth:		Telephone No.:				
	Address						
	Drivers license	No. / Code	Date of first issue	Place	Code	Full license or learners	
	State fully the purpose for which the vehicle was being used						
	Was he/she driving with your permission?	Yes		No		Was he/she in your employ?	Yes		No	
	Has he/she any motor insurance on own car? If yes, state Policy Number and Company	Yes		No					
	Has license ever been endorsed?								
	Has he/she any physical defects?								
	(a) Details of any convictions for motoring offences								
	(b) Details of previous accidents and losses								

PASSENGERS(INSURED VEHICLE)	Passengers in insured vehicle	Name	Address	Injury						
	For what purposes were they carried??			Are They Employees?		Yes		No		
OTHER PARTY	Damage to other vehicles	Make & Model		Registration No.:						
		Name & address of Owner		Details of Damage:						
		Name & address of Driver								
				Is Vehicle Insured	Yes		No			
		Insurance Company		Policy Number						
	Damage to property other than vehicles	Name & address of Owner		Details Of Damage						
	Personal injuries (other than in insured vehicle)	Name of Injured	Details of Injuries	Relationship to accident eg. Driver, Passenger etc	Name of hospital if applicable					
WITNESS	Name:			Telephone No.:						
	Address:									
ACCIDENT	Date			Time						
	Place									
	Speed:	Before accident km/h :		Moment of impact km/h						
	Weather conditions			Visibility						
	Road surface			Width of Road						
	Which vehicle lights were on			Street Lighting						
	Was any warning given by you? e.g. hooting, indication etc.									
	Police Details	Name of Police/Traffic Officer who recorded details of accident		Police Station				Reference No.:		
	Was driver tested for Alcohol or Drugs?			Yes		No				
	DESCRIPTION OF ACCIDENT									

ACCIDENT

SKETCH OF ACCIDENT (If necessary use separate page)

Please show clearly the point of impact and indicate the direction of ravel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.

"I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.
I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
I consent to such information being disclosed to any other insurance company or its agent.
I acknowledge that the information may be verified against legally recognized sources or databases."
I/We hereby authorize the insurance company to obtain the police report accident report on my behalf.

DECLARATION

We hereby declare the foregoing particulars to be true in every respect.

Signature of Driver : _____ Date: _____

Signature of Insured _____ Capacity _____ Date _____

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE COMPANY IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR CLAIM.