



Underwriting Specialists (Pty) Ltd

MOTOR VEHICLE ACCIDENT CLAIM FORM

Office use only

CLAIM NO

Agent / Broker

Policy no Identity no

INSURED

Name Business address Code Telephone (W) () (H) () CELL Occupation

VEHICLE

Make Engine capacity Model Year Vehicle value Odometer reading Date of purchase Price paid Engine no Chassis no Inspected by Date of valuation Name of registered owner Registration no Business address Code Telephone (W) () (H) () CELL Is the vehicle a "rebuilt" vehicle? Yes No If applicable state the following: Is the vehicle subject to a hire purchase, credit or lease agreement? Yes No Name and address of finance company / person Address Code Account holder Account no

DRIVER AT THE TIME OF THE ACCIDENT

Name Business address Code Telephone (W) () (H) () CELL Occupation Date of Birth Identity no Date on which driver's licence was first issued Place Code Full Learners Has the licence ever been endorsed? Yes No Details of any convictions for motoring offences Does the driver suffer from any physical defects? Details of previous losses/damage Name of insurer Policy no Telephone CODE () Was the driver tested for alcohol or drugs? If so, what was the outcome? Does the driver have motor insurance on his / her own vehicle? Yes No Policy no Insurance Company Telephone CODE () Has any insurer ever refused / cancelled the driver's motor vehicle insurance or imposed conditions? Yes No Was the driver in the insured's employ? Yes No Was the vehicle being used with the insured's permission? Yes No State the purpose for which the vehicle was being used

ACCIDENT

Date	Time	Place
Police reference no.	Police station	Date reported
Was the vehicle towed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date towed
Name of towing company	Approximate distance towed	Km
Telephone	CODE ()	

DAMAGE TO VEHICLE

Description of damage
Estimated cost of repairs
Where can your vehicle be inspected?

PASSENGERS IN INSURED VEHICLE

Name	Address / Telephone no	Relationship

Were there any injuries to passengers / driver?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, state who, and describe injuries	
If there were injuries, is anyone going to claim for medical costs, etc?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, please supply details	
Name of attorneys who are going to handle the claim	

WITNESSES

Name	Address	Telephone

OTHER VEHICLES INVOLVED

1	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address		Cell	
			Code	
2	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address		Cell	
			Code	
3	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address		Cell	
			Code	
4	Vehicle	Registration no	Name of owner or driver	
			Telephone (W) ()	CODE (W) ()
	Postal Address		Cell	
			Code	

If you suspect that the driver of the other vehicle was driving his / her employer's vehicle, please provide us with the following information:

Registration no	Name of employer
Business address	Code
Telephone (W) ()	CODE (H) ()

Information about the other party's insurance

Name	Insurer	Policy No	Claim No	Contact person and telephone

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name of owner		
Address	Code	
Telephone (W) ()	CODE (H) ()	Cell
Details of damage		

PERSONAL INJURIES OTHER THAN IN INSURED VEHICLE

Name of injured	Address / Telephone no	Details of injuries

DESCRIPTION OF ACCIDENT /INCIDENT

Speed before accident	Moment of impact	Weather conditions
Visibility	State of road	Width of road
Which lights of the vehicle were on?		
Was any warning given by you, e.g. hooting, indicators, etc?		
Who, in your opinion, was to blame for this accident?		

DESCRIPTION OF ACCIDENT IN YOUR OWN WORDS

Blank space for describing the accident.

SKETCH OF ACCIDENT

Indicate the following in the drawing:

- 1. the point of impact;
- 2. direction of travel by arrows; and
- 3. any road signs.

PREVIOUS LOSS/DAMAGE

Have you suffered any loss / damage before?

If so, supply dates and details

If you were insured, supply name of insurer

Telephone CODE ()

Policy no

OTHER INSURANCE

Is there any other insurance covering this loss / damage?

Yes

No

If so, give the name of the Insurer

Policy no

Telephone CODE ()

DECLARATION

I / We solemnly declare that the above particulars are correct.

I/We acknowledge the sharing of claims 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, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

Insured's Signature _____

Date _____

Driver's Signature _____

Date _____

Registered Owner's Signature _____

Date _____