VEHICLE COLLISION CLAIM FORM

Insurer:		Policy Number:	
Insured Name:		Claim Number:	
Occupation / Business:		Daytime Tel No:	
Address:			
		Postal Code:	

VEHICLE DETAILS

Make:		Model:		Year:	
Date Purchased:		Purchase Price	R	Current value:	R
Current Km:		Registration No:		Engine No	
Chassis (VIN) No		Exterior Colour:		Interior Colour:	

Registered Owner Name & ID No:

If subject to Hire Purchase, Credit or Leasing Agreement please complete the following:

Account Nr:			
Type of Agreement:		Outstanding Amount:	

DAMAGE REPORT

Damage to own Vehicle:

Estimate for Repairs (Attach copy of quotation)

Repairer name:		Repairer Tel No:	

Repairer Address:

Where can vehicle be inspected?

DRIVER DETAILS

Driver Name, Occupation & ID No:

Driver Address:

Driver Licence Date:		Full / Learners:		Code:		Place:	

CLEAR copy of ID and Driver's License must be attached.

State fully the purpose for which the vehicle was used for:

Was he/she in your employment?	YES	NO	Was he/she driving with your permission?	YES	NO	

Does he/she have any motor insurance on own car? If yes, state Policy No. & Company?

Details of any convictions for motoring offences:

Has licence ever been endorsed?	YES	NO	Do you / he / she have any physical disability?	YES	NO

Details of previous accidents in the last 5 years:

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PASSENGER & OTHER PARTY DETAILS

	Name:	Address:	Injuries:
Passengers:			

For what purpose were they being transported? | Are they employees? YES NO

	Name:	Address:	Reg. No	Vehicle:
Other Party:				

Damage to Property: Name: | Address:

Insurance Company/Broker Contact Details:

Policy No: | Claim No: | Damages:

WITNESS DETAILS

	Name:	Address:	Tel. No:
Witness:			

COLLISION DETAILS

Date & Time: | Place:

Speed: Before Collision: | Moment of Impact:

Weather Conditions: | Visibility:

	Road Surface Type:	Condition:	Width:
Road:			

Street Lights On: YES NO | Vehicle Lights On: YES NO

Did you give any warning? YES NO | If so, what:

	Station:	Ref. No:	Officer Name:
Police Details:			

Was driver tested for drugs/alcohol? YES NO | Result:

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COLLISION DESCRIPTION

COLLISION SKETCH

LICENCE INSPECTION

I have inspected the drivers licence and it is free of endorsements/ endorsed as shown:

Signature: _____ **Capacity:** _____

DECLARATION

I/We declare the foregoing details to be true in every respect:

Insured's Signature _____ **Date:** d d m m c c y y

Insured's Signature _____ **Date:** d d m m c c y y

NB: It is very important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.