Policy Number	

ALEXANDERFORBES
Securing your financial well-being

MOTOR ACCIDENT CLAIMS FORM

SECTION 1: INSURED						
Name & surname:						
Identity number:						
Occupation:						
Address:						
Telephone:	home:		work:		cell:	
E-mail address:						

SECTION 2: VEHICLE	
Make:	
Registration:	
Model:	
Year:	

SECTION 3: DAMAGE					
Repairer: Name, address & tel:					
Damage to Own vehicle:					
Is your vehicle under warranty?	Yes		No		
Is your vehicle under motor plan?	Yes		No		
Current location of your vehicle:					

SECTION 4: DRIVER						
Name & surname:						
Identity number:						
Occupation:						
Address:						
Telephone:	home:		work:		cell:	
E-mail address:						
State purpose for which vehicle was being used:						
Was he/she driving with permission?	Yes		No			
Has license ever been endorsed?	Yes		No			
Has he/she any physical defects?	Yes		No			
Driving license:	Date of first issue:					
	Code:					

SECTION 5: PASSENGER (INSURED VEHICLE)

Name & surname:					
Address:					
Injury:	Yes		No		
Name & surname:					
Address:					
Injury:	Yes		No		

SECTION 6: OTHER PARTY: DAMAGE TO OTHER VEHICLES / PROPERTY

NB: Please notify the Insurers immediately if you become aware of any impending prosecution, inquest or demand!

Name & surname 1:	owner and driver:												
Identity number:													
Occupation:													
Address:													
Telephone:	home:		work:		cell:								
Vehicle:	make:		registration:										
Details of damage:													
Insurance details:													

Name & surname 2:	owner and driver:												
Identity number:													
Occupation:													
Address:													
Telephone:	home:		work:		cell:								
Vehicle:	make:		registration:										
Details of damage:													
Insurance details:													

Name & surname 3:	owner and driver:												
Identity number:													
Occupation:													
Address:													
Telephone:	home:		work:		cell:								
Vehicle:	make:		registration:										
Details of damage:													
Insurance details:													

SECTION 7: WITNESSES

Name & surname:	
Name & surname:	
Name & surname:	

SECTION 8: ACCIDENT

Date:				Police station:			
Time:				Reference no:			
Place:				Police officer:			
Was driver tested for alcohol or drugs:	Yes		No				
Speed traveling:	Before accident: (km/h)			At impact: (km/h)			
Weather conditions:							
Visibility:							
Road surface:	Tar:		Gravel:		Off-road:		

Description of accident:

Sketch of accident:

I / we declare that to the best of my/our knowledge the above information is true in every aspect.

NB	I acknowledge that should I elect to use a non-manufacturer approved repairer I release Alexander Forbes Insurance (AFI) from any liability which could arise as a result of any defective workmanship. I acknowledge further that I may lose my manufacturer's warranty and or maintenance plan that may exist on my vehicle.

Signature of driver	Capacity	Date	Signature of insured	Date