momentum
insure

Motor claims form

We respect the confidentiality of your information and abide by confidentiality principles. Before we proceed to register this claim, we remind you that we may be required to share your personal information with our trusted partners and service providers who are bound by the same principles. As part of the claims validation process, we may also be required to obtain and disclose information relating to your claims, insurance and financial history with other insurers, government bodies and credit bureaus.

It is of the utmost importance that whilst supplying details relating to any incident, you must supply true, complete, and accurate information as any incorrect information may prejudice your claim. Only a fully completed claim form will be considered. All claim forms must be sent to miclaims@momentum.co.za.

Claim type

Please select the type(s) of claim which you are submitting and complete the sections indicated next to the claim type marked with "X".

Name of insured		**Select type**	**Applicable sections**											
Type	**Sub-type**		**A**	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**M**
Vehicle glass damage	Accident		X	X	X	X	X								
	Intentional		X	X	X	X	X		X	X	X				
Vehicle accident	While parked		X	X	X	X	X	X	X	X	X				X
	While driven		X	X	X	X	X	X	X	X	X	X			X
Vehicle theft / hi-jack	Attempted theft		X	X	X	X	X	X	X		X		X	X	X
	Not recovered		X	X	X	X			X		X		X	X	X
	Recovered		X	X	X	X	X	X	X		X		X	X	X
Storm damage	Hail		X	X	X	X	X	X							X
	Lightning		X	X	X	X	X	X						X	X
	Wind		X	X	X	X	X	X							X
	Flood		X	X	X	X	X	X						X	X
Intentional damage			X	X	X	X	X	X	X	X	X				X
Fire			X	X	X	X	X	X	X					X	X
Mechanical breakdown			X	X	X	X	X	X						X	X
Accidental water damage			X	X	X	X	X	X						X	X
Domestic animal damage			X	X	X	X	X	X							X
Pest and Vermin			X	X	X	X	X	X						X	X
Other			X	X	X	X	X	X	X	X	X			X	X
If other, please specify															

Section A: General

Policy number:			
ID number:			
Name and surname:			
Home address:			
Contact telephone number:			
Email address:			
Is this your own policy?	Yes ☐	No ☐	
If the answer is no, please confirm your relationship to the policyholder:			
Last time you received a copy of your policy documents:	30 days ☐	60 days ☐	More than 60 days ☐
Preferred method of communication:	Email ☐	Telephone ☐	

Section B: Incident details

Incident date:			
Incident time:			
Date you became aware of the loss/damage:			
Incident street / Location:			
Incident suburb:			
Incident province:			
Incident country (if outside of South Africa):			
Was the vehicle parked at the time of the incident?	Yes ☐	No ☐	
Is the vehicle drivable?	Yes ☐	No ☐	N/A ☐
If no, was the vehicle towed?	Yes ☐	No ☐	N/A ☐
Was there another party involved in the accident?	Yes ☐	No ☐	N/A ☐
If yes, is the other party responsible for the accident?	Yes ☐	No ☐	

Where were you going to?					
Business related activity ☐	Personal related activity ☐	Home ☐	Work ☐	Social function ☐	Other / Not applicable ☐
Where were you coming from?					
Business related activity ☐	Personal related activity ☐	Home ☐	Work ☐	Social function ☐	Other / Not applicable ☐

Select if any of the following authorities where at the scene:						
Ambulance ☐	Fire brigade ☐	Traffic police ☐	Paramedics ☐	Police ☐	Security company ☐	Tow truck ☐
Please provide a detailed description of the incident:						

Section C: Vehicle details

Vehicle make:			
Vehicle model:			
Year model:			
Vehicle registration number:			
Vehicle transmission type:	Manual ☐	Automatic ☐	Steptronic ☐
Is the vehicle fitted with any accessories?	Yes ☐	No ☐	
What was the KM reading at the time of the incident?			

Section D: Driver / last used (for parked incidents) details

Name:						
Surname:						
ID/passport:						
Is he/she the most regular driver of the vehicle?	Yes ☐	No ☐				
Relationship to client:						
Incident driver license type:	A ☐	B ☐	C1 ☐	C ☐	EB ☐	EC ☐
Has his/her license ever been endorsed?	Yes ☐	No ☐				
Is the vehicle being used for private use only?	Yes ☐	No ☐				
If no, what is the vehicle being used for?						

Section E: Damages

Which parts of the vehicle are damaged?							
Was any glass damaged?				Yes ☐			No ☐
If yes, please select the appropriate section:							
Windscreen	RF quarter ☐	RF vent ☐	RF door ☐	RR door ☐	RR vent ☐	RR quarter ☐	Rear light ☐
	LF quarter ☐	LF vent ☐	LF door ☐	LR door ☐	LR vent ☐	LR quarter ☐	Rear light ☐

Section F: Non-drivable vehicles
(Please complete this section if the vehicle is not drivable)

Towing Company		
Company name:		
Driver name:		
Contact telephone number:		
Was the tow authorised by Momentum Insure?	Yes ☐	No ☐
Vehicle Location		
Name of company / location:		
Address:		
Contact telephone number:		

Section G: SAPS details

Reported to the SAPS:	Yes ☐	No ☐
Case / Accident report number:		
Police station:		

Section H: Other party details
(Please complete this section if there were other parties involved)

Other Party 1	
Name:	
Surname:	

ID/Passport number:		
Contact telephone number:		
Vehicle make:		
Vehicle registration number:		
Other party address if other party property damaged:		
Details of damage:		
Is this other party responsible for the incident?	Yes ☐	No ☐
Does the other party drive a government vehicle?	Yes ☐	No ☐
Is the other party insured?	Yes ☐	No ☐
Insurance details:		
Other Party 2		
Name:		
Surname:		
ID/Passport number		
Contact telephone number:		
Vehicle make if other party vehicle damaged:		
Vehicle registration number:		
Other party address if other party property damaged:		
Details of damage:		
Is this other party responsible for the incident?	Yes ☐	No ☐
Does the other party drive a government vehicle?	Yes ☐	No ☐
Are the other party insured?	Yes ☐	No ☐
Insurance details:		

Section I: Witness details
(Please complete this section if there were witnesses)

Witness 1	
Name:	

Surname:	
Contact telephone number:	
Relationship:	
Witness 2	
Name:	
Surname:	
Contact telephone number:	
Relationship:	

Section J: Motor accident while driven details

Did a pothole damage the vehicle?	Yes ☐	No ☐
Were there passengers inside the vehicle?	Yes ☐	No ☐
If yes, please indicate your relationship to the passengers were (e.g., brother, friend, etc.)		

Road Conditions							
Normal ☐	Wet ☐	Dry ☐	Loose gravel ☐	Potholes in the road ☐	Oil on the road ☐	Petrol on the road ☐	N/A ☐

If the incident driver is responsible for the incident, select the most appropriate accident scenario below	
The incident driver collided with the other party while changing lanes	
The incident driver failed to stop at a stop street	
The incident driver failed to stop at a traffic light	
The incident driver had a head on collision with the other party	
The incident driver reversed into another party's stationary vehicle	
The incident driver turned right in front of the other party	
The incident driver collided with the rear of the other party	
The incident driver lost control of the vehicle	
The incident driver swerved out for an animal, vehicle, person, or object	
The incident driver can't recall what happened	

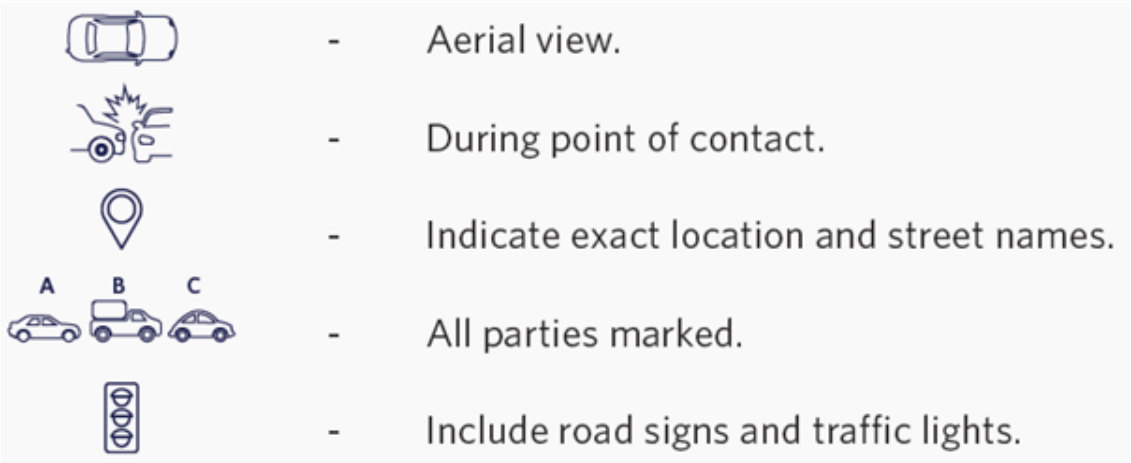
The incident driver collided with a pedestrian	
The incident driver collided with an animal	
None of the above	
If another party is responsible for the incident, select the most appropriate accident scenario below	
The other party and client reversed simultaneously	
The other party collided with the incident driver while changing lanes	
The other party failed to stop at a stop street incident driver	
The other party failed to stop at a traffic light street incident driver	
The other party had a head on collision with the incident driver	
The other party reversed into the incident driver's stationary vehicle	
The other party turned right in front of the incident driver	
The other party turned right into the incident driver while the incident driver overtook him	
The other party collided with the rear of the incident driver	
None of the above	

Select if any of the following authorities where at the scene:

Ambulance ☐	Fire brigade ☐	Traffic police ☐	Paramedics ☐	Police ☐	Security company ☐	Tow truck ☐

Please draw and attach a sketch of the accident

Consider the following when drawing a sketch:



Section K: Stolen or hi-jack details

Was the vehicle hi-jacked	Yes ☐	No ☐
If NO, please select the most appropriate incident location type where the vehicle was stolen		
Own private dwelling	Street - Business area ☐	Airport ☐
Family's private dwelling	Street - Residential area ☐	Church ☐
Friend's private dwelling	Golf club ☐	Dam ☐
Shopping centre	Gym ☐	School ☐
Parking lot - Business area	Nightclub ☐	University ☐
Parking lot - Residential area	Open field ☐	Other ☐
If other, please specify the incident location:		
Attempted Theft or vehicle recovered		
Was it attempted theft?	Yes ☐	No ☐
Has the vehicle been recovered?	Yes ☐	No ☐
What security devices does the vehicle have?		
Alarm ☐	Immobiliser ☐	Anti-hijack device ☐
Intruder proof glass ☐	Datadot ☐	Tracking device ☐
Other		
If other, please specify the security devices:		
If the vehicle has a tracking device, please complete the following:		
Name of the tracking company:		
Type of tracking device:		
Does the vehicle have any identifying stickers or marks		
Stickers	Yes ☐	No ☐
If yes, where are the stickers located on the vehicle?		
Describe the stickers:		

Dents:	Yes ☐	No ☐
If yes, where are the dents located on the vehicle?		
Describe the dents:		
Scratches:	Yes ☐	No ☐
If yes, where are the scratches located on the vehicle?		
Describe the scratches:		
Vehicle Keys		
How many sets of keys does the vehicle have?		
Have you replaced the vehicle keys?	Yes ☐	No ☐
If the vehicle keys have been replaced		
Date the vehicle keys was replaced:		
Agent who replaced the vehicle keys:		
Advertised		
Has the vehicle recently been advertised?	Yes ☐	No ☐
If yes, on which platform(s) was the vehicle advertised?		

Section L: Warranty and service details

Is the vehicle under motor plan?	Yes ☐	No ☐
Is the vehicle under warranty?	Yes ☐	No ☐
When was the vehicle last serviced?		
Who is the agent that last serviced the vehicle?		
What is the location where the vehicle was last serviced?		
What was the odometer reading when the vehicle was last serviced?		

Section M: Vehicle finance and registration document details

Is the vehicle financed?	Yes ☐	No ☐
If no – are your registration documents available?	Yes ☐	No ☐
If yes, please provide:		
Finance house:		
Account number:		

Declaration

I/we _____ hereby declare the aforementioned particulars to be true in every respect.

Signature of policyholder

Signature of claimant (if not policyholder)

Date

It is important that you notify us immediately when you become aware of any impending prosecution, inquest or demand related to this incident.

V23_02