

MOTOR ACCIDENT CLAIM

INSURED AND BROKER DETAILS

Policy no. _____	Broker _____
Insured	Name _____ ID no./Co. reg. no. _____
	Occupation _____ Tel no. W _____ H _____
	Email address _____ Cell _____ Fax _____
	Physical address _____ Code _____

VEHICLE

Make _____	Model _____	Year _____
Kilometres completed _____	Registration no. _____	
Registered Owner _____		
Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement		YES NO
If YES,	Name of finance company _____	Account no. _____
	Physical address or branch _____	

DRIVER

Full name _____	Identity no. _____
Address _____	Contact no. _____
	Code _____

Driver's Licence

Code _____	Date of first issue (DD/MM/YYYY) _____	Endorsements _____
Who is the principal (regular) driver of this vehicle – please mark		Insured Spouse Other
If other, please specify _____		
State fully the purpose for which the vehicle was being used _____		
Was the driver driving with your permission	Please mark	YES NO N/A
Was the driver in your employ	Please mark	YES NO N/A
Does the driver have any motor insurance on his/her own vehicle	Please mark	YES NO N/A
If YES, state company _____	Policy no. _____	
Details of previous accidents of the driver (specify) _____		
Details of any convictions for motoring offences _____		

PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For what purpose were they being transported _____

Are they employees _____

THIRD PARTY INJURIES (Persons injured other than in the Insured Vehicle)

Name	Driver/Passenger or pedestrian	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

THIRD PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE (This is compulsory for recovery purposes)

VEHICLE 1 Make and model _____ Year _____ Registration no. _____
 Name of driver _____ Name of owner _____
 Owner's address _____ Contact no. _____

Insurance Details

Policy no. _____ Insurance company _____
 Contact no. _____ Contact person _____

VEHICLE 2 Make and model _____ Year _____ Registration no. _____
 Name of driver _____ Name of owner _____
 Owner's address _____ Contact no. _____

Insurance Details

Policy no. _____ Insurance company _____
 Contact no. _____ Contact person _____

DAMAGE TO PROPERTY (NON-MOTOR)

Name of Owner	Address of Owner	Details of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESSES (This section is compulsory for recovery purposes)

Name	Address	Contact Details	Passenger (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT DETAILS

DAMAGE

Area of damage to own vehicle _____
 Estimate for repairs or attach quotation R _____
 Repairer's name _____ Contact no. _____
 Address _____
 Date of accident (DD/MM/YYYY) _____ Time of accident (hh:mm) _____
 Physical address where accident occurred _____

Speed:

Before accident _____ Moment of impact _____

Conditions: (please mark)

Weather	WET	DRY	Visibility	GOOD	POOR
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE
Street lighting	YES	NO			

Police details:

Did the police attend the scene YES NO

Name of police/traffic officer who recorded details of accident _____

Police station _____ Reference no. _____

Date reported to the police _____

Was the driver tested for alcohol/drugs YES NO

Full description of accident

Sketch of accident

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

DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Signature of Insured _____ Date (DD/MM/YYYY) _____

Signature of driver (if not Insured) _____ Date (DD/MM/YYYY) _____

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.