Hollard.

# 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: Please select

If Yes: Name of finance company: _____ Account no.: _____

Physical address or branch: _____

## Driver

Full name: _____ Identity no.: _____

Contact no.: _____

Address: _____ Code: _____

**Driver's Licence**

Code: _____ Date of first issue (dd/mm/yyyy): _____ Endorsements: _____

Who is the principal (regular) driver of this vehicle? Please select

If Other, please specify: _____

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

_____

Was the driver driving with your permission? Please select

Was the driver in your employ? Please select

Does the driver have any motor insurance on his/her own vehicle? Please select

If Yes, state company: _____ Policy no: _____

Details of previous accidents of the driver (specify):

_____

Details of any convictions for motoring offences:

_____

Hollard.

## 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 |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

Hollard.

## Witnesses (this section is compulsory for recovery purposes)

| Name | Address | Contact Details | Passenger? |
|---|---|---|---|
| | | | Please select |
| | | | Please select |
| | | | Please select |
| | | | Please select |

## 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: Please select Visibility: Please select

Road surface: Please select Width of road: Please select

Street lighting? Please select

**Police details:**

Did the police attend the scene? Please select

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? Please select

**Full description of accident**

Hollard.

**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.

## Protection of personal information

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

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.**