

**MOTOR VEHICLE – OWN DAMAGE & THIRD PARTY CLAIM FORM**

**THE INSURED**

POLICY NUMBER		INSURED	
PHYSICAL ADDRESS		ID #	
		TEL (H)	
		TEL (W)	

OCCUPATION:

**DRIVER AT THE TIME OF THE ACCIDENT**

SURNAME		INITIALS		ID #	
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WAS DRIVER DRIVING WITH INSURED'S PERMISSION?

RELATIONSHIP TO INSURED:

PHYSICAL ADDRESS		TEL (H)	
		TEL (W)	

DRIVER OCCUPATION : OFFICE BOUND:

DRIVER'S LICENCE: CODE DATE ISSUED

FULL/LEARNER'S WAS THE DRIVER SOBER?

WAS A BLOOD SAMPLE TAKEN AFTER THE ACCIDENT?

WHAT WAS THE RESULT?

DOES DRIVER (IF NOT INSURED) HAVE OWN INSURANCE COVER?

**THE VEHICLE**

MAKE & MODEL YEAR OF MANUFACTURE:

REG. #: IS ITEM INSURED UNDER ANOTHER POLICY?

REGISTERED OWNER FINANCE COMPANY:

KM'S COMPLETED

DAMAGE TO THE VEHICLE

ESTIMATED COST OF REPAIRS R REPAIRER

WAS THE VEHICLE TOWED? NAME OF TOW COMPANY:

CONTACT DETAIL OF TOW COMPANY

WHERE CAN VEHICLE BE SEEN

**THE ACCIDENT**

DATE TIME h PLACE

POLICE REFERENCE NUMBER STATION

SHORT DESCRIPTION OF ACCIDENT

SPEED PRIOR TO ACCIDENT KMPH AT MOMENT OF IMPACT KMPH

VISIBILITY WEATHER CONDITIONS

BRIEFLY STATE FOR WHAT PURPOSES WAS THE VEHICLE BEING USED FOR AT TIME OF LOSS?

**PROVIDE SKETCH PLAN OF ACCIDENT (YOUR VEHICLE AS X & OTHER PARTY/S SHOWN AS A,B OR C)**

**ONLY COMPLETE THE FOLLOWING SECTIONS IF THIRD PARTY VEHICLE INVOLVED**

**WHAT SIGNALS, AUDIBLE OR OTHERWISE WERE GIVEN?**

**WHO IN YOUR OPINION IS TO BLAME FOR THE ACCIDENT?**

**PLEASE PROVIDE NAME, ADDRESS & CONTACT # OF WITNESS:**

**PARTICULARS OF THIRD PARTIES INVOLVED (IF MORE THAN 1 PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEET OF PAPER)**

**NAME OF THIRD PARTY:**

**ADDRESS OF THIRD PARTY:**

**TELEPHONE NUMBER & ID NUMBER OF THIRD PARTY:**

**NAME OF INSURANCE COMPANY & POLICY NUMBER:**

**POLICY #**

**VEHICLE REGISTRATION #**

**MAKE & MODEL OF VEHICLE:**

**IF VEHICLE COMPANY OWNED, STATE NAME & CONTACT DETAILS OF EMPLOYER:**

**PARTICULARS OF PASSENGER/S (IF MORE THAN 1 PROVIDE ADDITIONAL INFORMATION ON SEPARATE SHEET OF PAPER)**

**NAME OF PASSENGER:**

**ADDRESS:**

**RELATIONSHIP TO DRIVER/INSURED:**

**CONTACT TELEPHONE NUMBERS:**

**NATURE OF INJURIES SUSTAINED:**

**FOR WHAT PURPOSE WERE PASSENGER/S CONVEYED?**

**\*\* PLEASE ATTACH A SEPARATE STATEMENT FROM THE PASSENGER/S IF OVER 18 YEARS OF AGE \*\***

**DECLARATION & STATEMENT:**

I/we acknowledge the sharing of claims information by Insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incident of fraudulent claims. In the public interest and with a view to limiting premiums, I/We waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/We consent to such information being disclosed to any other insurance company or its agent. I/We also waive any right to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured I/We represent.

I/We further declare that all particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the willful act or with the connivance of me/us, the benefits afforded under this policy in respect of such claim shall be forfeited.

**SIGNATURE OF INSURED**

**DATE**