

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
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Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE
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	YES	NO
Street lighting		

Police details:

Did the police attend the scene	YES	NO
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Name of police/traffic officer who recorded details of accident

Police station	Reference no.
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Date reported to the police

Was the driver tested for alcohol/drugs	YES	NO

Full description of accident

[illegible]

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 Holland 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.