ONE

MOTOR ACCIDENT CLAIM FORM

POLICYHOLDER DETAILS

Policyholder			
Policy Number		Cell Number	
Email		Tel Number (W)	
Business Address			
		Code	

DAMAGE

Vehicle make and model		Registration Number	
Description of damage to own vehicle			
State where can the vehicle be inspected			
Was a load being transported at the time of the accident?		Yes	No
If yes, what was the commodity?			

Please provide images of the damage (Attach photographs)

POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	
If accident was reported on NaTIS provide the crash report number (CRN)			

DRIVER DETAILS

Name & Surname					
Tel Number (H)		Cell Number			
Email		Tel Number (W)			
Work Address					
			Code		
Home Address					
			Code		
Driver's Licence Details	Code		Date of Issue		
State the purpose for which the vehicle was being used					
Was he/she driving with your permission?			YES	NO	
Is he/she in your employ?			YES	NO	

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PASSENGER DETAILS

Were there any passengers in the insured vehicle? If so, please state their name and telephone number below

Name	Details of Injuries	Tel Number
Are they employees?		Yes / No
For what purposes where they being transported?		

WITNESSES DETAILS

Name	E-mail Address	Tel Number

OTHER PARTY DETAILS

1.	Owner Name		Owner Address	
			Owner ID	
Driver Name			Driver Address	
			Driver ID	
Owner Contact Number			Driver Contact Number	
Registration Number			Vehicle Make/Model	
Details of Damage				

2.	Owner Name		Owner Address	
			Owner ID	
Driver Name			Driver Address	
			Driver ID	
Owner Contact Number			Driver Contact Number	
Registration Number			Vehicle Make/Model	
Details of Damage				

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3.	Owner Name		Owner Address	
			Owner ID	
Driver Name			Driver Address	
			Driver ID	
Owner Contact Number			Driver Contact Number	
Registration Number			Vehicle Make/Model	
Details of Damage				

4.	Owner Name		Owner Address	
			Owner ID	
Driver Name			Driver Address	
			Driver ID	
Owner Contact Number			Driver Contact Number	
Registration Number			Vehicle Make/Model	
Details of Damage				

5.	Owner Name		Owner Address	
			Owner ID	
Driver Name			Driver Address	
			Driver ID	
Owner Contact Number			Driver Contact Number	
Registration Number			Vehicle Make/Model	
Details of Damage				

ACCIDENT DETAILS

Date of accident		Time of accident	
Place of accident			
Speed before accident (km/h)		Speed at moment of Impact (km/h)	
Weather conditions at time of accident		Visibility	
Road surface		Width of road	
State which vehicle lights were on?		Condition of street lighting	
Was any warning given by you? (e.g. Hooter)		Was Driver/s tested for alcohol or drugs?	
Description of accident			

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SKETCH OF ACCIDENT (If necessary use a separate page) Please indicate clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs or warning signs in vicinity of scene of accident.	

PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please click here or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

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DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: _____ Date: _____

Full Name: _____ ID Number: _____

_____ _____

Signature Designation

Additional documents required:

- Copy of police report