Insurance Zone
administration services

Motor Accident Claim Form

INSURER

Date:	Broker:
Policy No:	Claim No:

INSURED

Insured / Company Name:	
Address:	Tel No:
	Mobile No:
	ID No / Co Reg No:
Postal Code:	E-Mail:

VEHICLE DETAILS

Make:	Model:
Year:	Reg No:
KM Reading:	Engine No:
Chassis No:	Vin No:
Exterior Colour:	Interior Colour:
Registered Owner:	Vehicle Value: **R**

FINANCE COMPANY

Finance Company:	Account No:
Outstanding Amount: **R**	

PAYMENT METHOD

Bank:	Branch:
Account No:	Branch No:
Account Type:	Account Name:

DESCRIPTION OF DAMAGE TO OWN VEHICLE

Estimate for Repairs or Attach Quote:

Repairers Name:

Repairers Address:

Repairers Tel No:

Estimate for Repairs or Attach Quote:

Repairers Fax No:

Postal Code:

DRIVER DETAILS

Name:

Surname:

Residential Address:

ID No:

Occupation:

Postal Code:

PLEASE ATTACH AN ENLARGED CLEAR COPY OF DRIVERS LICENCE & ID

Licence No:

Code:

Date of First Issue:

For Which Purpose Was The Vehicle Being Used?

Was He / She Driving With Your Permission? YES NO

Was He / She Driving In Your Employ?: YES NO

Details of Any Driving Offenses:

Has Drivers Licence Ever Been Endorsed? YES NO

If Yes, Please Provide Details:

PASSENGERS (INSURED VEHICLE)

Were any passengers in the Insured's vehicle injured? If so, complete the section below.

Name1:

ID No:

Residential Address:

Injury:

Name2:

ID No:

Residential Address:

Injury:

For What Purpose Were They Being Carried?

Was He / She Driving With Your Permission? YES NO

OTHER PARTIES

Were any other parties injured other than in insured vehicle? If so, complete the section below.

Name of Insured:	ID No:
Relationship to Accident (eg. Driver, Passenger etc):	
Details of Injury:	
Name of Hospital if Applicable:	
Name of Insured:	ID No:
Relationship to Accident (eg. Driver, Passenger etc):	
Details of Injury:	
Name of Hospital if Applicable:	

OTHER VEHICLES

Registration No:	Make:
Name of Insured:	ID No:
Address:	Tel No:
Name of Driver:	ID No:
Address:	Tel No:
Details of Damage:	
Name of Insurer:	Policy No:

PROPERTY DAMAGED OTHER THAN VEHICLES

Name of Owner:	ID No:
Address:	Tel No:
Details of Damage:	

WITNESS TO THE ACCIDENT

Name:	Tel No:
Address:	ID No:
Name:	Tel No:
Address:	ID No:

ACCIDENT DETAILS

Date:

Time:

Place:

Speed Before Accident:

Moment of Impact:

Weather Conditions:

Visibility:

Road Surface:

Width of Road:

Street Lighting:

Was Any Warning Given (eg. Hooters, Indicators etc) ?

YES

NO

Name of Police / Traffic Officer on Scene:

Case No:

Was the Driver Tested for Alcohol or Drugs?

YES

NO

Description of Accident:

SKETCH OF ACCIDENT

Please show clearly the point of impact and indicate the direction of travel by arrows.

DECLARATION

We hereby declare that the above information to be true and correct.

Date:

Capacity:

Signature: