

Motor Accident Claim Form

Policy number	
Insured	Name and Occupation
	Address and contact number
	ID number / VAT number

Vehicle	Vehicle Details	Make	Registration	Model	Year	Km completed
	Subject to Hire Purchase, Credit or Leasing?					
	If yes, name and account number of finance company					
	VIN number					
	Registered Owner					

Damage	Damage to own vehicle
	Address where vehicle is presently at

Driver	Full name	
	Residential Address	
	Occupation	
	ID number	
	Driver's license	Month and year of expiry:
		Date of issue and code issued:
	Purpose for which vehicle was used	
	Was he/she driving with your permission	
	Was he/she in your employ	
	Does he/she have any motor insurance? If yes state name of insurer and policy number	
	Details of convictions for motoring offences, if any	
	Has his/her license been endorsed?	
	Does he/she have any physical defects?	
	Details of previous accidents	

Passengers (insured vehicle)	Passengers in insured vehicle	Name	Residential address	Injury
	Purpose for their carriage?			

	Are they employees?				
Other Party	Personal injuries (other than in insured vehicle)	Name of injured	Relationship i.e driver/passenger	Details of injury	Name of hospital if applicable
	Other vehicles	Registration	Make	Name of driver and contact number	ID no
		1.			
		2.			
		3.			
		Details of damage	Old damage	Address of owner	Colour of vehicle
		1.			
		2.			
3.					
Property other than vehicles	Name and Address of owner		Details of damage		

Independent Witnesses	Name, address and contact number	
	Name, address and contact number	

Accident	Date, time and place				
	Speed	Before accident	Kph	Moment of impact	kph
	(a) Weather conditions	(a)		(b)	
	(b) Visibility				
	(a) Road surface	(a)		(b)	
	(b) Width of road				
	(a) Which vehicle lights were on?	(a)		(b)	
	(b) Street lighting				
	Did you give any warning e.g hooter/indicator etc				
	Police details	Name of officer who recorded details of the accident		SAPS station, case number and date reported	
Was the driver tested for alcohol or drugs?					

Contact Details
Tel: 082 601 8288
Fax: 086 498 1683
FSP 47088
www.certainure.co.za



Physical Address
2 Carlisle Close
West Beach
Cape Town
7441

Description of Accident	
<u>Sketch of Accident</u> Please show clear point of impact and direction of travel by arrows.	

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Declaration: I hereby declare the mentioned particulars to be true in every respect.

Signature of Driver

Capacity

Date

Signature of Insured

Capacity

Date