

Motor Accident

Claim Form Delete sections not applicable

Cross Country Insurance Consultants CC

Registration number: CK 2008/013847/07

VAT Number: 4020252203

Authorised Financial Services Provider 39547

Ash Brook Investments 133 (Pty) Ltd t/a Cross Country Insurance Consultants

Policy No.		Claim No.			
Insured	Name and Occupation				
	Address and Day Tel No.				
	Identity Number/VAT Number				
Vehicle	If vehicle is subject to Hire Purchase, Credit or Leasing agreement	Make	Registration	Model and Year	Kilometers completed
	State name, address and account number of Finance Company				
	Chassis/VIN No.				
	In whose name is the vehicle registered?				
Damage	Damage area to own vehicle			Indicate old damage on vehicle	
	Estimate for repairs or attach quotation				
	Repairer's name, address and telephone number				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers Licence	Month and year of expiry		Date of issue and code issued	
	State full the purpose for which the vehicle was being used				
	Was he/she driving with your permission				
	Was he/she in your employ				
	Has he/she motor insurance on own car? If yes state Policy No. and Company				
	Details of any convictions for motoring offences				
	Has license ever been endorsed?				
	Has he/she any physical defects				
	Details of previous accidents				
Passengers (Insured Vehicle)	Name		Residential address		Injury
	Passengers in insured vehicle				
	For what purposes were they carried?				
Are they employees?					

Please attach an enlarged clear copy of driver's licence

Other Party	Personal injuries (other than in insured vehicles)	Name of injured	Relationship to accident e.g. driver, passenger etc	Details of injuries	Name of Hospital if applicable	
	Other vehicles)	Registration	Make	Name of owner & driver	ID No.	
		a)				
		b)				
		c)				
		Details of damage	Old damage	Address of owner & driver	Colour of vehicle	
		a)				
		b)				
		c)				
	Property other than vehicles	Name and address of owner		Details of damage		
Independent Witnesses	Name, address and Telephone Number					
Independent Witnesses	Name, address and Telephone Number					
Accident	Date time and place					
	Speed	Before accident	kph	Moment of impact	kph	
	(a) Weather conditions (b) Visibility	(a)		(b)		
	(a) Road surface (b) Width of road	(a)		(b)		
	(a) Which vehicles lights were on (b) Street lighting	(a)		(b)		
	Was any warning given by you e.g. Hooting, indicators etc.?					
		Name of Police/Traffic officer who recorded details of accident		Police station, case number and date reported		
	Police details					
	Was driver tested for alcohol or drugs?					
	Description of accident					

SKETCH
OF
ACCIDENT
(if necessary use
separate page)

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 the vicinity of scene of accident

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.

Payment method You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of bank	<input type="text"/>	Branch	<input type="text"/>
Name of Acc.	<input type="text"/>	Acc. No.	<input type="text"/>

Licence Inspected I have inspected the driver's licence and it is free of endorsements/endorsed as shown

_____ Signature of Insured	_____ Capacity	_____ Date
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Declaration We hereby declare the foregoing particulars to be true in every respect.

_____ Signature of Driver	_____ Capacity	_____ Date
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_____ Signature of Insured	_____ Capacity	_____ Date
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NB. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand