

### POLICY DETAILS

Broker: \_\_\_\_\_  
 Policyholder: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_

### VEHICLE DETAILS

Make: \_\_\_\_\_ Engine No.: \_\_\_\_\_  
 Model: \_\_\_\_\_ Vin No.: \_\_\_\_\_  
 Year: \_\_\_\_\_ Date of Purchase: \_\_\_\_\_  
 Registration No.: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_  
 Is the vehicle subject to hire purchase or similar agreement? Yes  No   
 If YES, please provide name of finance company: \_\_\_\_\_

### DRIVER DETAILS

Full Name: \_\_\_\_\_  
 ID Number: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Residential Address: \_\_\_\_\_  
 Landline No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_  
 Drivers Licence No.: \_\_\_\_\_ Date of Issue: \_\_\_\_\_  
 Place/Area: \_\_\_\_\_ Full/Learners: \_\_\_\_\_  
 What was the vehicle being used for at the time of the accident? \_\_\_\_\_  
 Was the vehicle being used with Policyholder's permission? Yes  No   
 Is the driver an employee? Yes  No   
 Is the driver's licence endorsed? Yes  No   
 If YES, please provide details: \_\_\_\_\_  
 Does the Driver have any Physical Defects? Yes  No   
 If YES, please provide details: \_\_\_\_\_

### DETAILS OF ACCIDENT

Date of accident: \_\_\_\_\_ Time of accident: \_\_\_\_\_  
 Place of accident: \_\_\_\_\_  
 Speed: Before accident  kms On impact  kms  
 Weather Conditions: \_\_\_\_\_  
 Visibility: \_\_\_\_\_  
 Road Surface: \_\_\_\_\_ Width of Road: \_\_\_\_\_

Were Vehicle Lights were on? Yes  No

Street Lighting: Yes  No

Was any Warning given by you (eg, Hooting, Indicator)? \_\_\_\_\_

If YES, please provide details: \_\_\_\_\_

Police Case reference No.: \_\_\_\_\_ Police Station: \_\_\_\_\_

Date reported: \_\_\_\_\_

Was the Driver tested for Alcohol or Drugs? Yes  No

If YES, result of test: \_\_\_\_\_

**ACCIDENT INFORMATION**

Please provide a full description of the accident:

Please provide a sketch of the accident:

**NB: Please indicate the following clearly**

- a) Point of impact
- b) Direction of travel (using arrows)
- c) Any road safety or warning signs in the near vicinity

### PASSENGER DETAILS

Please provide details of the passengers in the insured vehicle:

Name:	Address:	Injuries, if any:

For what purpose were passengers being carried? \_\_\_\_\_

Are they employees? Yes  No

### OTHER PARTY DETAILS

Please provide details of damage to other vehicle/s:

Vehicle:	Registration No.:	Name and Address of Owner and Driver:	Damage:

Please provide details of witnesses:

Witness Name:	Contact Details:

Please provide details of damage to property other than yours:

Name and Address of Owner and Driver:	Details of Damage:

Please provide details of personal injuries (other than in insured vehicle):

Name:	Injuries:	Relationship to accident e.g. Driver:	Hospital:

**LICENCE SUBMISSION**

I have attached a copy of my driver's licence and warrant that it is free of endorsements

Signature \_\_\_\_\_ Capacity \_\_\_\_\_

**WARRANTY**

I hereby warrant that the above particulars and statements are true and complete and contain all information known to me affecting the details of the claim

Signature of Driver \_\_\_\_\_ Date \_\_\_\_\_

Signature of Policyholder \_\_\_\_\_ Capacity \_\_\_\_\_ Date \_\_\_\_\_