



MOTOR VEHICLE CLAIM FORM *(DELETE SECTIONS NOT APPLICABLE).*

INSURER	Policy number		HP account number			
INSURED	Name and occupation					
	Physical address					
	Postal address					
	Telephone number and cell number					
	Bank account number					
VEHICLE	If vehicle is subject to Hire Purchase, Credit or Leasing Agreement - state name and address of finance company	Make	VIN No.	G.V.M.	Km reading	
		Registration No	Value	Model & Year	Date of Purchase and price paid	
DAMAGE	Damage to own vehicle					
	Estimate for repairs/attach					
	Repairer's name, address and					
	Where can vehicle be inspected?					
	* Was vehicle towed – by whom?					
DRIVER	Full name					
	Address					
	Telephone number					
	Occupation/Date of birth					
	Licence details	No.	Date	Place	Code	Full or learners
	State fully the purpose for which the vehicle is being used					
	Was he/she driving with your permission?					
	Is he/she in your employ?					
	Has he/she any motor insurance on own car? If yes, state policy number and company					
	Details of any convictions for motoring offences					
	Has licence been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					



PASSENGERS	Name		Address		Injury		
	For what purpose were they being transported?						
Are they employed?							
OTHER PARTY	Other vehicles	Reg number	Make	Name and address of owner of vehicle	Name and address of driver (if different)		
			ID	ID			
			Insurance company	Claim number	Telephone number		
Property other than vehicles		Name and address of owner		Details of damage			
	Personal injuries (other than in insured vehicle)	Name of injured	Relationship to accident e.g. driver, passenger	Details of injuries	Name of hospital if applicable		
WITNESSES	Name, address and telephone number						
	Name, address and telephone number						
THEFT	Date, time and place of theft						
	Was the vehicle left locked						
	Who now has the vehicle keys						
	Police station and reference number						
	Vehicle, engine and chassis number				Colour of vehicle		
	If accessories stolen, provide full details						



INCIDENT	Date, time and place			
	Speed	Before accident	Kmph	
	Weather conditions	General	Visibility	
	Road surface	Surface	Width of road	
	Lights	Which vehicle lights were on	Street lighting	
	Was any warning given by you e.g. hooting, indicators, etc.			
	Police details: Date reported:	Name of police/traffic officer who recorded details of accident	Police station	Reference number
	Was driver tested for alcohol or drugs?		Results	
	Description of Incident (use separate page if necessary)			
	Sketch of Accident	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 vicinity of scene of accident (use separate page if necessary)		



DECLARATION

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the willful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

Signature of Driver

Date

Signature of Insured

Date

NB. It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.