Associated Insurance Brokers Cape

In partnership with glacier by Sanlam

Associated Insurance Brokers Cape 2006 (Pty) Ltd
Reg No 2005/026692/07 Licensed financial services provider (No 31032)

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CLAIM FORM: MOTOR ACCIDENT

QUESTIONS | ANSWERS

Insured

Policy Number	
Name of Insured	
Identity Number	
Occupation of Insured	
Address	
Tel. No.	Home: Work: Cell:

Vehicle

Make	
Model	
Year	
Registration	
Kilometers completed	
Date of Purchase and price paid	

Damage

Describe damage to own Vehicle	
Is the Vehicle drivable	YES NO
Indicate your preferred geographical area where your repairs can be seen to	

Driver

Full Name	
Address	
Occupation	
Identity No.	
Drivers License	No Date Place Code
State fully the purpose for which the vehicle was used.	
Was he / she driving with your permission?	YES NO
Was he / she driving in your employ?	YES NO
Is he / she owner of another vehicle?	YES NO
If yes, give name of insurer and policy number	
Details of any convictions for motoring offences	
Has license ever been endorsed?	YES NO
Has he / she any physical defects?	YES NO
Details of previous accidents	

Passengers [Insured Vehicle]

Passengers in Insured Vehicle

Name	Address	Injury

For what purpose were they carried?

Are they employees? YES NO

Other Party

Other Vehicles

Reg. No.	Make	Name & Address of owner	Details of Damage

Personal injuries (other than in Insured vehicle)

Name of insured	Relationship to accident eg driver | passenger	Details of injuries	Name of hospital if applicable

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MOTOR ACCIDENT CLAIM FORM

QUESTIONS | ANSWERS

Other Party

Property other than vehicles	Name & Address of owner	Details of damage

Witnesses

Name, address and phone no.	
Name, address and phone no.	

Accident

Date, time and place		
Speed	Before Accident	Moment of Impact
Weather Conditions		
Visibility		
Road Surface Type		
Width of Road		
Were vehicle lights on? If yes which lights?	YES	NO
Street lighting		
Was any warning given to you eg. Hooter, indicator etc?	YES	NO
Name of Police / Traffic Officer who recorded accident		
Police Station and Reference No.		
Was driver tested for alcohol or drugs?	YES	NO

Description of accident

Sketch of accident

License Inspected

I have inspected the driver's license and it is free of endorsements as shown.
(Please attach a copy of drivers license and page 1- of the driver's identity document)

Capacity:

Signature

Authority of payment
INSURED'S BANKING DETAILS

It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information

Name of Bank	
Account No.	
Account Type	
Branch & Code No.	
Name of account Holder	

Declaration

I / We hereby declare that the above and foregoing particulars to be true in every aspect

Signature of Driver

Date:

Signature of Insured

Capacity:

Date:

N.B. 1 - It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand.
N.B. 2 - Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accident fund without delay.