

- NOTE:** kindly ensure that all required documents are submitted to allow for claim processing
- Complete Motor Accident Claim Form
 - Police Report
 - 3 Quotations from reputable suppliers
 - Copy ID of Insured



MOTOR ACCIDENT CLAIM FORM

WARNING: INSURANCE FRAUD IS A CRIME

Policy No Claim No (Official Use)

Type of Cover:

1. INSURED CUSTOMER'S DETAILS

First Name/s Surname
 Date of Birth Gender
 ID Number Cell Phone Number/s
 Email Address Marital Status

2. MOTOR VEHICLE DETAILS

Make and Model Year
 Registration Number Mileage
 Chassis/ Engine No. Vehicle Use
 Estimated Vehicle Replacement Value

3. DRIVER'S DETAILS

First Name/s Surname
 Date of Birth Gender
 ID Number Cell Phone Number/s
 D/L Number Date of Issue Place of Issue
 Home Address
 Town/ City Occupation
 Endorsement (if any) Reasons for Endorsement
 Employment Status Was the Driver authorised to use the vehicle

Note: A photocopy of the Driver's Licence must be submitted with claim form

4. CIRCUMSTANCES OF LOSS/ ACCIDENT

Date of Loss/ Accident Time
 Place of Loss/ Accident
 Speed of travel (if applicable) Weather conditions
 Parts damaged and extent of damage:

Brief description of Loss/ Accident (Mandatory)

SKETCH DIAGRAM OF ACCIDENT SCENE



DETAILS OF PASSENGERS IN INSURED VEHICLE (If applicable)

Name & Surname	Age	Relationship	Address	ID Number	Contact Number	Extent of Injury

5. POLICE DETAILS

Did Police attend scene of Loss/ Accident ☐ Yes ☐ No

Station Reported Date of Report TAB NO.

Officer who attended to Loss/ Accident Contact Details

6. THIRD PARTY DETAILS (If applicable)

First Name/s Surname

ID Number Cell Phone Number/s

Email Address

D/L Number Date of Issue Place of Issue

Home Address

Town/ City Occupation

Kind of property and extent of damage

If Motor Vehicle: Make and Model Registration Number:

Insurer Type of Insurance

Policy No.

7. DETAILS OF PERSONS INJURED IN THIRD PARTY VEHICLE (If applicable)

Name & Surname	Age	Relationship	Address	ID Number	Contact Number	Extent of Injury

8. DETAILS OF WITNESSES (IMPORTANT)

Name & Surname	Address	Contact Details

9. ADDITIONAL INFORMATION

i. Who towed the vehicles from the scene of accident?

Insured Vehicle Third Party's Vehicle

ii. Attach pictures etc. to show extent of damages to your vehicle to that of the third party

STATEMENT

I/We declare the above particulars to be correct and that I/ We have not withheld any material information which would affect the acceptance of my/our claim by the Insurer

Date Signature of Insured

NOTE: KINDLY ENSURE THAT ALL REQUIRED DOCUMENTS ARE TO BE ATTACHED:

IF INSURED HAS COMPREHENSIVE COVER OR FULL THIRD PARTY FIRE & THEFT

Completed Claim Form	
Copy of Driver's licence (front and back)	
Police Report	
3 Quotations from reputable Panel Beaters/ Suppliers	

IF INSURED HAS RTA OR FULL THIRD PARTY

Required from Insured		Required from Third Party	
Completed Claim Form	<input type="checkbox"/>	Copy of Driver's licence (front and back)	<input type="checkbox"/>
Copy of Driver's licence (front and back)	<input type="checkbox"/>	Conclusive Police Report	<input type="checkbox"/>
Police Report	<input type="checkbox"/>	3 Quotations from reputable Panel Beaters/ Suppliers	<input type="checkbox"/>
		Confirmation of cover from Insurer	<input type="checkbox"/>

ADDITIONAL REQUIREMENTS FOR ACCIDENTS INVOLVING PUBLIC SERVICE VEHICLES

Valid Defensive Driver's Certificate valid for 4 years	<input type="checkbox"/>
Medical Certificate issued by a Government Medical Officer valid for 1 Year	<input type="checkbox"/>
Vehicle Route Permit	<input type="checkbox"/>
Vehicle Certificate of Fitness	<input type="checkbox"/>
Vehicle Operators Licence	<input type="checkbox"/>