



# MOTOR ACCIDENT CLAIM FORM

## INSURED & BROKER DETAILS

Policy No. \_\_\_\_\_ Broker \_\_\_\_\_

Insured: Name \_\_\_\_\_ ID No./Co. Reg. No. \_\_\_\_\_

Occupation \_\_\_\_\_ Tel No. W \_\_\_\_\_ H \_\_\_\_\_

E-mail Address \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Physical Address \_\_\_\_\_ Code \_\_\_\_\_

## VEHICLE

Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_

Kilometres completed \_\_\_\_\_ Registration No. \_\_\_\_\_

Registered Owner \_\_\_\_\_

Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement YES NO

If YES Name of Finance Company \_\_\_\_\_ Account No. \_\_\_\_\_

Physical Address or Branch \_\_\_\_\_

## DRIVER

Full name \_\_\_\_\_ ID No. \_\_\_\_\_

Address \_\_\_\_\_ Contact No. \_\_\_\_\_

Code \_\_\_\_\_

### Driver's Licence

Code \_\_\_\_\_ Date of first issue (DD/MM/YYYY) \_\_\_\_\_ Endorsements \_\_\_\_\_

Who is the principal (regular) driver of this vehicle? Please mark Insured Spouse Other

If other, please specify \_\_\_\_\_

State fully the purpose for which the vehicle was being used \_\_\_\_\_

Was the driver driving with your permission Please mark YES NO N/A

Was the driver in your employ Please mark YES NO N/A

Does the driver have any motor insurance on his/her own vehicle Please mark YES NO N/A

If YES, state company \_\_\_\_\_ Policy No. \_\_\_\_\_

Details of previous accidents of the driver (Specify) \_\_\_\_\_

Details of any convictions for motoring offences \_\_\_\_\_

## PERSONS INJURED IN INSURED VEHICLE (Please remember to advise the Road Accident Fund)

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For what purpose were they being transported? \_\_\_\_\_

Are they employees? \_\_\_\_\_



**THIRD-PARTY INJURIES (Persons injured other than in the Insured Vehicle)**

Name	Driver/Passenger or Pedestrian	Details of injuries	Name of hospital if applicable
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**THIRD-PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE (This is compulsory for recovery purposes)**

**VEHICLE 1**    Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Registration No. \_\_\_\_\_  
 Name of driver \_\_\_\_\_ Name of owner \_\_\_\_\_  
 Owner's address \_\_\_\_\_ Contact No. \_\_\_\_\_

**Insurance Details**

Policy No. \_\_\_\_\_ Insurance company \_\_\_\_\_  
 Contact No. \_\_\_\_\_ Contact person \_\_\_\_\_

**VEHICLE 2**    Make & Model \_\_\_\_\_ Year \_\_\_\_\_ Registration No. \_\_\_\_\_  
 Name of driver \_\_\_\_\_ Name of owner \_\_\_\_\_  
 Owner's address \_\_\_\_\_ Contact No. \_\_\_\_\_

**Insurance Details**

Policy No. \_\_\_\_\_ Insurance company \_\_\_\_\_  
 Contact No. \_\_\_\_\_ Contact person \_\_\_\_\_

**DAMAGE TO PROPERTY (NON-MOTOR)**

Name of Owner	Address of Owner	Details of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WITNESSES (This section is compulsory for recovery purposes)**

Name	Address	Contact Details	Passenger (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ACCIDENT DETAILS**

**DAMAGE**

Area of damage to own vehicle \_\_\_\_\_  
 Estimate for repairs or attach quotation R \_\_\_\_\_  
 Repairer's name \_\_\_\_\_ Contact No. \_\_\_\_\_  
 Address \_\_\_\_\_  
 Date of accident (DD/MM/YYYY) \_\_\_\_\_ Time of accident (hh:mm) \_\_\_\_\_  
 Physical address where accident occurred \_\_\_\_\_



**Speed:**

Before accident \_\_\_\_\_ Moment of impact \_\_\_\_\_

**Conditions:** (please mark)

Weather	WET	DRY	Visibility	GOOD	POOR
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE
Street lighting	YES	NO			

**Police details:**

Did the police attend the scene? YES NO

Name of police/traffic officer who recorded details of accident \_\_\_\_\_

Police station \_\_\_\_\_ Reference No. \_\_\_\_\_

Date reported to the police \_\_\_\_\_

Was the driver tested for alcohol/drugs? YES NO

**Full description of accident**

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**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.)



**DECLARATION**

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Signature of Insured \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

Signature of driver (if not Insured) \_\_\_\_\_ Date (DD/MM/YYYY) \_\_\_\_\_

**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.**