moosa allee insurance brokers c.c.
CK 1986/12675/23
Authorised Financial Service Provider - Licence No. 14514

MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER DETAILS

POLICY NUMBER _____ BROKER _____

INSURED
Name _____ ID No. / Co. Reg. No. _____
Occupation _____ Email Address _____
Tel. No. H) _____ Work) _____
Cellphone) _____ Fax) _____
Physical Address _____
_____ Code _____

VEHICLE

Make _____ Model _____ Year _____
Km Completed _____ Registration No. _____
Registered Owner _____

Is this vehicle subject to a Hire Purchase, Credit or Loan Agreement? Yes | No
If yes,
Name of Finance Company _____ Account Number _____
Physical Address or Branch _____

DRIVER

Full Name _____ ID Number _____
Address _____
Contact Number _____

Driver's Licence

Code _____ Date of Issue _____ Endorsements _____
Who is the regular driver of this vehicle? Please tick (INSURED / SPOUSE / OTHER)
If other please specify _____
State fully the reason for which the vehicle was being used _____
Was the driver driving with your permission? Please tick (YES / NO / N/A)
Was the driver in your employ? Please tick (YES / NO / N/A)
Do they have any motor insurance on their own vehicle? Please tick (YES / NO / N/A)
If yes, state company _____ Policy Number _____
Details of previous accidents of Driver (Please specify) _____

PERSONS INJURED IN INSURED VEHICLE

Name	Driver or Passenger	Details of Injuries	Name of Hospital if applicable

For what purpose were they being transported? _____
Are they employees? _____

THIRD PARTY INFORMATION / VEHICLE OR PROPERTY DAMAGE (This is compulsory for Recovery purposes)

OTHER VEHICLE DAMAGE

VEHICLE 1 Make & Model _____ Year _____ Registration No. _____

Name of Driver _____ Name of Owner _____

Owners Address _____ Contact No. _____

Insurance Details:

Policy Number _____ Insurance Company _____

Contact Number _____ Contact Person _____

VEHICLE 2 Make & Model _____ Year _____ Registration No. _____

Name of Driver _____ Name of Owner _____

Owners Address _____ Contact No. _____

Insurance Details:

Policy Number _____ Insurance Company _____

Contact Number _____ 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 _____

Repairs Estimate or attach quotation _____

Repairer's Name _____ Contact Number _____

Address _____

Date _____ Time _____

Physical Address where accident occurred _____

Speed:

Before Accident _____ Moment of Impact _____

Conditions: (Please tick)

Weather (WET / DRY) Visibility (GOOD / POOR) Street Lighting (YES / NO)

Road Surface (TAR / DIRT) Width of Road (SINGLE / MULTIPLE)

Police Details:

Did the Police attend the scene (YES / NO)

Name of Police/Traffic officer who recorded details of accident _____

Police Station _____ Case Number _____

Was the driver tested for alcohol/drugs? (YES / NO)

Full Description of Accident

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 declare all particulars to be true in every repect.

Signature of Insured _____ Date _____

Signature of Driver (if not insured) _____ Date _____

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.**