MOTOR VEHICLE ACCIDENT CLAIM FORM

DRIVER Details

Full Names:		Surname:	
Identity Number:			
Cell Telephone Number:		Telephone Number (W):	

Vehicle Details

Vehicle Description			
Current Mileage:	kms	Year Model:	
Registration Number:		VIN Number:	

Details of Accident

Date & Time:		Accident Location:	
Police Station Reported at:		SAP Case Number:	
Date Reported:		Reported By:	
Weather		Visibility	
kmph before impact		Road surface	
kmph after impact		General	

Details of Passengers

Full Names:		Identity Number:	
Contact Numbers:		Injury (if applicable)	
Full Names:		Identity Number:	
Contact Number:		Injury (if applicable)	
Full Names:		Identity Number:	
Contact Number:		Injury (if applicable)	

Details of Third Party/ies			
Full Names:		Surname:	
Identity Number:			
Cell Telephone Number:		Telephone Number (W):	
Vehicle Description			
Current Mileage:	kms	Year Model:	
Registration Number:		VIN Number:	
Insurance Company:		Policy Number:	

Damage to property other than vehicles

Please explain the circumstances of the accident in detail

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)

Driver Declaration

I acknowledge the sharing of claims information by insurers is essential to enable the industry to underwrite, assess risks fairly and to reduce fraudulent claims. In the public interest and with a view to limiting premiums, I waive any right to privacy in any information supplied by me or on my behalf in respect of any claim and consent to such information being disclosed to any other insurance company or it's agent. I also waive any rights to privacy and consent to the disclosure of any information relevant to any claim concerning me or any insured person. I further declare that all the particulars are true and correct.

Driver Signature		Date	