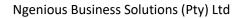


	MOTOR			CCIDENT CLAIM FORM		
	INSURER		BROKER	Ngenious Business Sol	utions (Pty) Ltd	
POLICY NUMBER			BROKER CONTACT DETAIL	011 760 2124		
INSTITED	NAME		INSURED CONTACT :			
	OCCUPATION / BUSINESS DESCRIPTION		INSURED TEL / CEL NR.			
	ADDRESS		INSURED EMAIL :			
LS	Date of accident :		Time of Accident :			
ACCIDENT DETAILS	Place / Address of accident :					
. DE	Speed before accident :		Speed at impact :			
EN	Weather Conditions :		Road Surface			
CID	Street Lighting:		Driver tested for alc	cohol / drugs :	Yes / No	
AC	Was any warning given by you/ driver :					
S	Name	Address		Landline Tel No	o. AND Cel No.	
WITNESSES						
Î.						
M	****				. **	
		if the named person/s above is in your employ		or a business associate	or partner**	
	Vehicle Make		Year of Manufacture			
	Vehicle Model		Registered Owner			
10	Registration Number		Odometer Reading			
AILS	VIN Number		Engine Number			
DET	Value		Date of Purchase			
VEHICLE DETAILS	Is vehicle Financed ?		Finance Company			
) H	Oustanding Balance		Finance Account No.			
VE	Total Value of Accessories		Vehicle Colour			
	Details of Accessories & After Market Extra's. (*Proof required*)					
	Who is now in possession of keys /spare keys ?					
POLICE	Date Reported		Case Number			
DETAILS	Police Station					
	Damage to own vehicle :					
DAMAGE	Estimate for Repai	rs. (*Please provide Quotation *)				
то	Repairers / Panelbeaters	Name & Contact Number				
VEHICLE	details :	Address				
	Where can vehicle be inspected: (*Contact Details & Address*)					
THIRD PARTY VEHICLES / PROPERTY	Details of Damage to Vehicles		Vehicle Make, Model & Registration Number.	Name & Address, Contact Details of Owner / Driver		
	Details of Damage to Third Party property			Name & Address, Contact Details of Owner / Driver		



Full Name				
Identity / Passport Number		Date of Birth		
Address				
Telephone / Cellphone Nr		Occupation		
Drivers Licence - Code, Date Obtained, Expiry Date (*Copy required*)				
Please state purpose for which the vehicle was used				
Was driver driving vehicle with full permission of the insured				
Was driver in employ of the insured				
Has driver any motor insurance on own vehicle				
(*If yes please provide insurance policy details*)				
Detail of any convictions for motoring offences				
Has drivers licence ever been endorsed				
Does driver suffer from have any affirmities / disabilities				
Does driver suffer from	have any affirmities / disabilities			
	have any affirmities / disabilities evious accidents in which the driver has			
	•			
Please provide details of any pro been involved	•	Details of Ir	njuries	Contact No.
Please provide details of any pro been involved	evious accidents in which the driver has	Details of Ir	njuries	Contact No.
Please provide details of any pro been involved	evious accidents in which the driver has	Details of Ir	njuries	Contact No.
Please provide details of any pro been involved	evious accidents in which the driver has	Details of Ir	njuries	Contact No.
Please provide details of any probeen involved  Nam  For what purp	ne & Address ose were they conveyed			
Please provide details of any probeen involved  Nam  For what purp	evious accidents in which the driver has			
Please provide details of any probeen involved  Nam  For what purp  **Please provide details is	ne & Address ose were they conveyed			
Please provide details of any probeen involved  Nam  For what purp  **Please provide details is	evious accidents in which the driver has  ne & Address  ose were they conveyed  if the named person/s above is in your employ,			
Please provide details of any probeen involved  Nam  For what purp  **Please provide details is	evious accidents in which the driver has  ne & Address  ose were they conveyed  if the named person/s above is in your employ,			
Please provide details of any probeen involved  Nam  For what purp  **Please provide details is  Have you prev  If YES, please provide	evious accidents in which the driver has  ne & Address  ose were they conveyed  if the named person/s above is in your employ,			
Please provide details of any probeen involved  Nam  For what purp  **Please provide details i  Have you prev  If YES, please provide details thereof:  If Insured, provide Details:	evious accidents in which the driver has  ne & Address  ose were they conveyed  if the named person/s above is in your employ,			
	Identity / Passport Number Address Telephone / Cellphone Nr Drivers Licence - Code, Date Of Please state purpose Was driver driving vehicle Was driver in Has driver any motor insurance process of the provide insurance process of th	Identity / Passport Number  Address  Telephone / Cellphone Nr  Drivers Licence - Code, Date Obtained, Expiry Date (*Copy required*)  Please state purpose for which the vehicle was used  Was driver driving vehicle with full permission of the insured  Was driver in employ of the insured  Has driver any motor insurance on own vehicle (*If yes please provide insurance policy details*)  Detail of any convictions for motoring offences	Identity / Passport Number  Address  Telephone / Cellphone Nr  Drivers Licence - Code, Date Obtained, Expiry Date (*Copy required*)  Please state purpose for which the vehicle was used  Was driver driving vehicle with full permission of the insured  Was driver in employ of the insured  Has driver any motor insurance on own vehicle (*If yes please provide insurance policy details*)  Detail of any convictions for motoring offences	Identity / Passport Number  Address  Telephone / Cellphone Nr  Drivers Licence - Code, Date Obtained, Expiry Date (*Copy required*)  Please state purpose for which the vehicle was used  Was driver driving vehicle with full permission of the insured  Was driver in employ of the insured  Has driver any motor insurance on own vehicle (*If yes please provide insurance policy details*)  Detail of any convictions for motoring offences





DESCRIPTION OF ACCIDENT	Please described fully how the accident occurred.	
-		
EN.	Please provide sketch of	
CCIE	accident scene. Kindly	
F AC	detail / indicate Own Vehicle and Third Party	
SKETCH OF ACCIDENT		
TC!	Vehicles / Property.	
SKE		



## **INFORMATION SHARING - CONSENT OF INSURED**

- I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
- I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provide by another person on my behalf in respect of any insurance policy or claim made or lodged by me. This is one my own behalf as well as on behalf of any person I represent in terms of this insurance policy.
- I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
- 4 I consent to such information being disclosed to any other insurance company ot its agent.
- 5 I acknowledge that the information may be verified against legally recognised sources or database.

## **DECLARATION**

I / We hereby acknowledge that the insurer may make and enquiry, where applicable, to the South African Crime Burea or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/We hereby declare that the afore going particulars to be true in every respect.

Insured Signature	Date (YYYY / MM / DD )	
Capacity	Place	