

MOTOR ACCIDENT CLAIM FORM

INSURER			BROKER	Ngenious Business Solutions (Pty) Ltd	
POLICY NUMBER			BROKER CONTACT DETAIL	011 760 2124	
INSURED	NAME		INSURED CONTACT :		
	OCCUPATION / BUSINESS DESCRIPTION		INSURED TEL / CEL NR.		
	ADDRESS		INSURED EMAIL :		
ACCIDENT DETAILS	Date of accident :		Time of Accident :		
	Place / Address of accident :				
	Speed before accident :		Speed at impact :		
	Weather Conditions :		Road Surface		
	Street Lighting :		Driver tested for alcohol / drugs :	Yes / No	
	Was any warning given by you/ driver :				
WITNESSES	Name	Address		Landline Tel No. AND Cel No.	
<i>**Please provide details if the named person/s above is in your employ, your tenant, a family member or a business associate or partner**</i>					
VEHICLE DETAILS	Vehicle Make		Year of Manufacture		
	Vehicle Model		Registered Owner		
	Registration Number		Odometer Reading		
	VIN Number		Engine Number		
	Value		Date of Purchase		
	Is vehicle Financed ?		Finance Company		
	Outstanding Balance		Finance Account No.		
	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 DETAILS	Date Reported		Case Number		
	Police Station				
DAMAGE TO VEHICLE	Damage to own vehicle :				
	Estimate for Repairs. (*Please provide Quotation *)				
	Repairers / Panelbeaters details :	Name & Contact Number			
		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		

DRIVER DETAILS	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			
	Please provide details of any previous accidents in which the driver has been involved			
PASSENGERS (Insured Vehicle)	Name & Address	Details of Injuries	Contact No.	
	For what purpose were they conveyed			
	Please provide details if the named person/s above is in your employ, your tenant, a family member or a business associate or partner			
PREVIOUS LOSS / DAMAGE HISTORY	Have you previously suffered a loss ?			
	If YES, please provide details thereof :			
	If Insured, provide Details :			
OTHER INSURANCE	Is there any other Insurance policy covering this Loss / Damage ?			
	If YES, please provide Name of Insurer & Policy Number.			

INFORMATION SHARING - CONSENT OF INSURED

- 1 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.
- 2 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.
- 3 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 or 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	