

INSURER Policy No

INSURED Name of Insured (In full) Address

Identity Number Tel no (Cell)
Occupation/Business

VEHICLE In whose name is the vehicle registered?
If vehicle is subject to hire purchase, credit or leasing agreement, state name and address of
finance company
Make Tare Gross vehicle mass
Km completed Registration Value
Model & year Date of purchase Price paid

DAMAGE Damage to own vehicle
Estimate for repairs (attach quotation) Repairer's name, address and telephone
numbers
Where can your damaged vehicle be inspected?

DRIVER Name (In full) Address
Identity Number Occupation/Business Driving License No
Date Place Code Full Learners
State fully the purpose for which the vehicle was being used
Was he/she driving with your permission?
Was he/she in your employ? Is he/she owner of another vehicle? If yes give name of insurer
and policy number
Details of any convictions for motoring offences
Has license ever been endorsed? Has he/she any physical defects?
Details of previous accidents

PASSENGERS
Insured vehicle

1. Passenger Name, Address and injury

2. Passenger Name, Address and injury

For what purpose were they carried? Are they employees?

PLEASE CONTINUE ON THE FOLLOWING PAGE

ACCIDENT

Description of accident

[Four horizontal grey bars for text entry]

Sketch of accident (If needed use separate page)

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

PLEASE CONTINUE ON THE FOLLOWING PAGE

**ACCIDENT
DETAILS**

Date Time Place

Speed before accident (kph) Speed at moment of impact (kph)

Weather conditions Visibility

Road surface Width of road

Which vehicle lights were on ? Street lighting

Was any warning given by you eg hooting, indicator etc ?

**THIRD PARTY
Other vehicles**

1. Reg No & Make	Name and Address of owner and driver	Details of damage
<input type="text"/>	<input type="text"/>	<input type="text"/>
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**THIRD PARTY
Property other
than vehicles**

1. Name (In full)

Address of owner and driver

Details of damage

2. Name (In full)

Address of owner and driver

Details of damage

WITNESSES

1. Name (In full) Telephone no

Address

2. Name (In full) Telephone no

Address

**POLICE
DETAILS**

Name of police/traffic officer who recorded details of accident

Police station and reference number

Was driver tested for alcohol or drugs ?

DECLARATION

We hereby declare the aforgoing particulars to be true in every respect

Signature of driver Date

Signature of insured Capacity Date

NB It is important that you notify the insurers immediatly should you become aware of any impending prosecution, inquest or demand.