

**MOTOR ACCIDENT CLAIMS FORM**

SECTION 1: INSURED													
Name & surname:													
Identity number:													
Occupation:													
Address:													
Telephone:	home:						work:				cell:		
E-mail address:													

SECTION 2: OWN VEHICLE	
Make:	
Model:	
Registration:	
Year of Manf:	

SECTION 3: OWNDAMAGE				
Visible damages to Own vehicle:				
Is your vehicle under warranty?	Yes		No	
Is your vehicle under motor plan?	Yes		No	
Current location of your vehicle:				

SECTION 4: ACCIDENT (OWN DAMAGE)						
Date:				Police station:		
Time:				Police report Reference no:		
Place:				Police officer:		
Was driver tested for alcohol or drugs:	Yes		No			
Speed traveling:	Before accident: (km/h)				At impact: (km/h)	
Weather conditions:						
Visibility:						
Road surface: (tick the applicable box)	Tar:		Gravel:		Off-road:	



SECTION 7: OTHER PARTY: DAMAGE TO OTHER VEHICLES / PROPERTY												
NB: Please notify the Insurers immediately if you become aware of any impending prosecution, inquest or demand!												
Name & surname 1:	owner and driver:											
Identity number:												
Occupation:												
Address:												
Telephone:	home:					work:					cell:	
Vehicle:	make:					registration:						
Details of damage:												
Insurance details:												

Name & surname 2:	owner and driver:											
Identity number:												
Occupation:												
Address:												
Telephone:	home:					work:					cell:	
Vehicle:	make:					registration:						
Details of damage:												
Insurance details:												

Name & surname 3:	owner and driver:											
Identity number:												
Occupation:												
Address:												
Telephone:	home:					work:					cell:	
Vehicle:	make:					registration:						
Details of damage:												
Insurance details:												

SECTION 8: WITNESSES				
Name & surname:				
Name & surname:				
Name & surname:				
I / we declare that to the best of my/our knowledge the above information is true in every aspect.				
NB	I hereby subrogate, transfer and cede to the insurer any and all claims or causes of action of whatsoever kind and nature which I now have or may hereafter have, to recover against any persons as a result of the said occurrence and loss above-described. Also to recover on my behalf from such persons, my excess payment made as a result of the said occurrence. I agree that the insurer may enforce same in such manner as shall be necessary or appropriate for the use and benefit of the insurer, either in its own name or in mine. I will furnish such papers, information, or evidence as shall be within my possession or control for the purpose of enforcing such claim, demand, or cause of action.			
Signature of driver	Capacity	Date	Signature of insured	Date