Underwritten/ Administered by
Frontline Underwriters (Pty) Ltd
Vat No. 4350242386
Reg. No. 2008/005015/07
Authorised Financial Service Provider:
– FSP No. 40752

MOTOR ACCIDENT CLAIM FORM

INSURED					
POLICY NUMBER:					
NAME:					
OCCUPATION:	S				
ADDRESS:					
CONTACT NUMBERS:	(w)		(cell)		
	(h)		(fax)		
E-MAIL:					

VEHICLE					
Make & Model:				Year:	
Registration No.		Purchase Price:		Purchase Date:	
Anti-Theft Devices:					
Make:		Fitted By:		Date:	
Details of window markings:					
Number:		Applied by Whom:			
Financing Details:					
Finance Company:	Branch:	Type of Agreement:	Account Number:	Amount:	

DAMAGE			
Damage to own vehicle:			
Estimates for repair (attach quotations)			
Repairer's details:			
Name:	Address:	Telephone:	
Where can vehicle be inspected:			

DRIVERS DETAILS									
Full Name:		Identity No.							
Address:									
Occupation:		Telephone:							
Driver's Licence details:									
Code:		Place of Issue:		Date of Issue:					
State purpose for which vehicle was being used:									
Was the driver driving with your consent:	Yes		No		Is driver in your employ	Yes		No	
Is driver owner of another vehicle:	Yes		No:						
If yes, provide name of Insurer & Policy No.:									
Details of previous accidents:									
Details of any convictions for motoring offences:									
Has licence ever been endorsed:	Yes		No:						
Has the driver any physical defects. If yes, specify:									

PASSENGER DETAILS			
Passengers in Insured Vehicle	Name:	Address:	Injury:
For what purposed were they being transported:		Are they employees:	

WITNESSES					
Name:		Address:		☎	
Name:		Address:		☎	
Name:		Address:		☎	

OTHER PARTY DETAILS				
Other Vehicles	Registration No.	Make & Model:	Owner Name & Address	Damage Details:
Property other than Vehicles	Name & Address of Owner:		Details of Damage:	
Personal Injuries (other than in insured vehicle)	Name of Injured:	Relation to accident (e.g. passenger, driver)	Details of Injuries:	Name of Hospital:

ACCIDENT DETAILS					
Date of Accident:		Time of Accident:		Place of Accident:	
Speed – KPH	Before accident:	KPH	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 (e.g. hooting):					
Police Details:	Name of Officer recording details:	Police Station:	Police Ref. No.:		
Was driver tested for alcohol or drugs:					
Description of Accident					
Sketch or photo of accident (use add page if required)	PLEASE INDICATE CLEARLY POINT OF IMPACT & INDICATE DIRECTION OF TRAVEL BY ARROWS. GIVE DETAILS OF ANY ROAD SIGNS OR WARNING SIGNS IN VICINITY OF SCENE OF ACCIDENT				

LICENCE INSPECTION	
I have inspected the Driver's Licence and it is free of Endorsements/ Endorsed as shown.	Signature:
-Please attach copy of Driver's Licence-	Capacity:

DECLARATION					
I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT AND HEREBY AUTHORISE THE INSURANCE COMPANY TO OBTAIN THE POLICE ACCIDENT REPORT ON MY BEHALF.					
Signature of Driver:				Date:	
Signature of Insured:		Capacity:		Date:	