



INSURANCE BROKERS (PTY) LTD

Murray Clan Insurance Brokers (Pty) Ltd
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MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER DETAILS

POLICY NO. ....

BROKER .....

INSURED

Name.....

ID No./Company Reg. No. ....

Occupation .....

Contact Numbers (H)..... (W).....

E-mail Address.....

(Cell)..... (Fax).....

Physical Address

.....

.....

Code.....

VEHICLE

Make.....

Model..... Year.....

Kilometres completed .....

Registration No.....

Registered Owner .....

Is the vehicle subject to a Hire Purchase, Credit or Leasing Agreement? ( YES / NO )

If yes

Name of Finance Company .....

Account Number.....

Physical Address or Branch.....

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**DRIVER**

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Full name .....

ID Number.....

Address .....

Contact Number .....

.....

**Driver's Licence:**

Code.....

Date of First issue (DD/MM/YYYY).....

Endorsements.....

Who is the regular driver of this vehicle?

Please Tick ( INSURED / SPOUSE / OTHER )

If other please specify

.....

State fully the reason for which the vehicle was being used

.....

Was the driver driving with your permission?                      Please Tick ( YES / NO / N/A )

Was the driver in your employ?    Please Tick ( YES / NO / N/A )

Do they have any motor insurance on their own vehicle?      Please Tick ( YES / NO / N/A )

If yes, state company .....

Policy No.....

Details of previous accidents of Driver (Specify) ...

.....

**PERSONS INJURED IN INSURED VEHICLE**

(please remember to advise the Road Accident Fund)

Name	Driver or Passenger	Details of injuries	Name of hospital if applicable
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

For what purpose were they being transported? .....

.....

Are they employees?

.....

**THIRD PARTY INJURIES (PERSONS INJURED OTHER THAN IN THE INSURED VEHICLE)**

Name	Driver / Passenger or Pedestrian	Details of injuries	Name of hospital if applicable
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**THIRD PARTY INFORMATION / VEHICLE OR PROPERTY DAMAGE (This is compulsory for Recovery purposes)**

.....

**OTHER VEHICLE DAMAGE**

**VEHICLE 1** Make & Model .....

Year .....

Registration No.....

Name of Driver .....

Name of Owner .....

Owners Address .....

Contact No.....

**Insurance Details:**

Policy Number .....

Insurance Company .....

Contact Number .....

Contact Person .....

**VEHICLE 2** Make & Model .....

Year .....

Registration No.....

Name of Driver .....

Name of Owner .....

Owners Address .....

Contact No.....

**Insurance Details:**

Policy Number .....

Insurance Company .....

Contact Number .....

Contact Person .....

**DAMAGE TO PROPERTY (NON MOTOR)**

Name of Owner	Address of Owner	Details of Damage
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

**WITNESSES** (This section is compulsory for Recovery purposes)

Name	Address	Contact Details	Passenger (YES / NO)
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

**ACCIDENT DETAILS**

**DAMAGE**

Area of Damage to own vehicle

.....

Estimate for repairs or attach quotation

.....

Repairer's name.....

Contact Number.....

Address .....

.....

.....

Date (DD/MM/YYYY)..... Time (hhHmm).....

Physical Address where Accident occurred

.....



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**Sketch Of Accident**

**(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.)**

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**DECLARATION**

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We hereby declare all particulars to be true in every respect.

Signature of Insured .....

Date (DD/MM/YYYY).....

Signature of Driver (if not Insured) .....

Date (DD/MM/YYYY).....

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**N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.**

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