

NB - Please attach a copy of driver's licence & quote from the panel of repairers

POLICY NUMBER	
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INSURED

Name					Occupation					
Identity number					VAT registration number (if applicable)					
Address										
Day telephone number				Cell phone no						
e-mail address										

VEHICLE

Registration number				Make					
Gross vehicle mass				Kilometres completed					
Value				Model & year					
If vehicle subject to hire purchase, Credit or leasing agreement, state									
In whose name is the vehicle registered?									

DAMAGE (OWN VEHICLE)

Describe shortly damage to own vehicle									
Estimate for repairs or attach quotation									
Repairer Name					Repairer telephone no				
Repairer address									
Where is the damaged vehicle at present?									

DRIVER

Full name								Age		
Address										
Occupation					Identity no					
Licence Code			Mark licence applicable:	Valid date: from _____ to _____						
Licence number:			Full <input type="checkbox"/>	Learner <input type="checkbox"/>	Date of first issue ____/____/____					
State fully the purpose for which the vehicle was being used										
Was he/she driving with your permission?										
Was he/she in your employ?				Has licence ever been endorsed?						
Is he/she owner of another vehicle? If yes, state name of insurer & policy number below										
Insurer					Policy number					
Details of previous convictions for motoring offences?										
Has he/she any physical defects?										
Details of previous accidents										

PASSENGERS (INSURED VEHICLE)

1. Name		Injury	
Address			
2. Name		Injury	
Address			
For what purpose were they carried?		Are they employees?	

OTHER PARTY

1. Registration no		Make & Model	
Name of owner		Name of driver	
Contact number (Work)		Contact number (Cell phone)	
Contact number (Home)		Insurance Company	
Other party policy number		Claim number (if applicable)	
Address of owner			
Details of damage			
2. Registration no		Make & Model	
Name of owner		Name of driver	
Contact number (Work)		Contact number (Cell phone)	
Contact number (Home)		Insurance Company	
Other party policy number		Claim number (if applicable)	
Address of owner			
Details of damage			

IN CASE OF PROPERTY DAMAGED OTHER THAN VEHICLES PLEASE COMPLETE

Name of owner		Contact number	
Address			
Details of damage			

PERSONAL INJURIES (OTHER THAN IN INSURED'S VEHICLE)

1. Name of injured		Name of hospital (if applicable)	
Relationship to accident e.g. driver, passenger etc			
Details of injuries			
2. Name of injured		Name of hospital (if applicable)	
Relationship to accident e.g. driver, passenger etc			
Details of injuries			

WITNESSES

1. Name		Contact number	
Address			
2. Name		Contact number	
Address			

ACCIDENT

Date		Place		Time	
Speed before accident				Speed at time of accident	
Weather conditions				Visibility	
Road surface				Width of road	
Which vehicle's lights were on?					
Was any warning given by you? Example hooting, flashing of lights					
Police Details					
Police station reported				Reference number	
Name of Police/Traffic officer who recorded details of accident					
Was the driver tested for alcohol or drugs? Please mark the appropriate block <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(Please note: answer is compulsory)</i>					
Short description of accident					
SKETCH OF ACCIDENT If necessary attach separate page					
Instructions: Please show clearly point of impact and indicate the direction of travel by arrows. Give details and any road safety signs or warning signs in the vicinity of the scene of the accident.					

We hereby declare the following particulars to be true in every respect.

Signature of driver..... Date

Signature of insured Capacity Date