

MOTOR ACCIDENT CLAIM

INSURED AND	BROKER DETAILS						
Policy no.			Broker				
Insured	Name		ID no./Co. re	g. no.			
	Occupation		- 1		Н		
	Email address		C	ell	Fax		
	Physical .						
	address					Code	
VEHICLE							
Make		Model			Year		
Kilometres con	npleted		Registration no.				
Registered Ow	ner						
Is the vehicle s	ubject to a Hire Pu	rchase, Credit or Leasing Agreem	ent		YES	NO	
If YES,	Name of finance	company		Account no.			
	Physical address	or branch					
DRIVER							
Full name			Identity no.				
Address			Contact no.				
						Code	
Driver's Licenc	e						
Code	Date of fir	rst issue (DD/MM/YYYY)	Endors	sements			
Who is the prir	ncipal (regular) dri	ver of this vehicle – please mark		Insured	Spouse	Other	
If other, please	specify						
State fully the	purpose for which	the vehicle was being used					
Was the driver	driving with your	permission	Please mark	YES	NO	N/A	
Was the driver	in your employ		Please mark	YES	NO	N/A	
Does the drive vehicle	r have any motor i	nsurance on his/her own	Please mark	YES	NO	N/A	
If YES, state co	mpany		Poli	cy no.			
Details of previ	ous accidents of th	e driver (specify)					
Details of any o	convictions for mo	toring offences					
PERSONS INJU	RED IN INSURED \	/EHICLE (Please remember to adv	vise the Road Accider	nt Fund)			
N	ame	Driver or Passenger	Details of injuries		Name of hospital if applicable		
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			-				



THIRD PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE (This is compulsory for recovery purposes) VEHICLE 1	ITIIND FARTITI	NJURIES (Persons injur	eu other than in the insu	red venicle)			
WEHICLE 1 Make and model Year Registration no. Name of owner Owner's address Contact no. Insurance company Contact no. Contact person WEHICLE 2 Make and model Year Registration no. WEHICLE 2 Make and model Year Registration no. Contact person Name of owner Owner's address Contact no. Insurance company Contact no. Contact no. Contact no. 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			Details of inju	uries	Name of hospital	
Make and model Name of driver Name of owner Owner's address Contact no. Insurance company Contact no. Contact person Make and model Year Name of owner Name of owner Name of owner Owner's address Contact no. Insurance owner Name of owner Owner's address Contact no. Contact no. Insurance company Contact no. Contact no. Contact person OAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage	'HIRD PARTY I	NFORMATION/VEHICL	E OR PROPERTY DAMAGE	: (This is compulsory for re	covery purposes	s)	
Devener's address nsurance Details Policy no.	/EHICLE 1	Make and model		Year	Registration n	0.	
Insurance Details Policy no. Insurance company Contact no. Contact person WellCLE 2 Make and model Year Registration no. Name of driver Name of owner Downer's address Contact no. Policy no. Insurance company Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	lame of driver			Name of owner			
Contact no. Contact person WellCLE 2 Make and model Year Name of owner Downer's address Contact no. Contact no. Insurance Details Policy no. Insurance company Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Address of Owner Details of Damage MITNESSES (This section is compulsory for recovery purposes)				Contact no.			
Contact person HeHICLE 2 Make and model Year Registration no. Insurance of owner Owner's address Contact no. Insurance company Contact no. Contact person MAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	nsurance Deta	ails					
Make and model Year Name of owner Name of owner Owner's address Contact no. Policy no. Insurance company Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	olicy no.			Insurance company			
Name of driver Name of owner Owner's address Contact no. Policy no. Insurance company Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	Contact no.			Contact person			
Owner's address Insurance Details Policy no. Insurance company Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	EHICLE 2	Make and model		Year	Registration n	0.	
Policy no. Insurance company Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	lame of driver			Name of owner			
Policy no. Insurance company Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	Owner's addre	ss		Contact no.			
Contact no. Contact person DAMAGE TO PROPERTY (NON-MOTOR) Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	nsurance Deta	ails					
Name of Owner Address of Owner Details of Damage VITNESSES (This section is compulsory for recovery purposes)	Policy no.			Insurance company			
Name of Owner Address of Owner Details of Damage WITNESSES (This section is compulsory for recovery purposes)	Contact no.			Contact person			
VITNESSES (This section is compulsory for recovery purposes)	AMAGE TO P	ROPERTY (NON-MOTO	R)				
	N	lame of Owner	Add	ress of Owner	De	etails of Damage	
Name Address Contact Details Passenger (YES/N	WITNESSES (Th	nis section is compulso	ry for recovery purposes)				
	Name		Address	Contact Det	ails	Passenger (YES/NO	



ACCIDENT DETAILS							
DAMAGE							
Area of damage to o	wn vehicle						
Estimate for repairs of	or attach quotation	R					
Repairer's name				Contact no.			
Address							
Date of accident (DD	/MM/YYYY)			Time of accident	(hh:mm)		
Physical address whe	ere accident occurred	i					
Speed:							
Before accident			Moment of imp	act			
Conditions: (please	mark)						
Weather	WET	DRY	Visibility	GOOD	POOR		
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIP	LE	
Street lighting	YES	NO					
Police details:							
Did the police attend	I the scene				YES	NO	
Name of police/traff	ic officer who record	ed details of accident					
Police station			Reference no.				
Date reported to the	police						
Was the driver tested	d for alcohol/drugs				YES	NO	
		Full descripti	on of accident				



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.)
DECLARATION
I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.
PROTECTION OF PERSONAL INFORMATION
We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.
Signature of Insured Date (DD/MM/YYYY)
Signature of driver (if not Insured) Date (DD/MM/YYYY)
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.