

MOTOR ACCIDENT CLAIM FORM

INSURER	ABSA INSURANCE CO LTD / ABSOLUTE UNDERWRITING MANAGERS (PTY) LTD
INSURED	_____ POLICY NO.: _____
VEHICLE	MAKE: _____ MODEL: _____ YEAR: _____
	REG. NO.: _____ ENGINE NO.: _____ CHASSIS NO.: _____
	DATE OF PURCHASE: _____ PRICE PAID: _____
DAMAGE	DAMAGE TO OWN VEHICLE: _____
	ESTIMATED DAMAGE: _____
	WHERE CAN VEHICLE BE INSPECTED? _____
	<u>NOTE:</u> COPIES OF LICENCE PAPERS, COF, ETC. TO BE ATTACHED
DRIVER DETAILS	FULL NAME: _____ DATE OF BIRTH: _____
	ADDRESS: _____ PHONE NO.: _____
	DRIVER'S LICENCE NO.: _____ DATE OF ISSUE: _____ PLACE: _____
	CODE: _____ DATE OF P.D.P.: _____
	<u>NOTE:</u> COPY OF LICENCE AND PDP TO BE ATTACHED
	STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED: _____
	IS THE DRIVER A FULL TIME EMPLOYEE? _____
HAS LICENCE BEEN ENDORSED? _____	
ACCIDENT	DATE: _____ TIME: _____ PLACE: _____
	SPEED BEFORE ACCIDENT: _____ SPEED MOMENT OF IMPACT: _____
	WEATHER CONDITIONS: _____ VISIBILITY: _____
	ROAD SURFACE: _____ WIDTH OF ROAD: _____
	WHICH VEHICLE LIGHTS WERE ON? _____ STREET LIGHTING: _____
	WAS ANY WARNING GIVEN BY YOU, E.G. HOOTING, INDICATOR, ETC.? _____
	NAME OF POLICE/TRAFFIC OFFICER WHO RECORDED DETAILS OF ACCIDENT? _____
	POLICE STATION AND REFERENCE NUMBER: _____
	WAS DRIVER TESTED FOR ALCOHOL OR DRUGS? _____
	DESCRIPTION OF ACCIDENT: _____

ACCIDENT	SKETCH OF ACCIDENT (if necessary use separate page) 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			
PASSENGERS IN INSURED VEHICLE	NAME	ADDRESS	INJURY	
FOR WHAT PURPOSE WERE THEY CARRIED? _____ ARE THEY EMPLOYEES? _____				
OTHER PARTY	DAMAGE TO OTHER VEHICLES			
	REGISTRATION NO.	MAKE	NAME AND ADDRESS OF OWNER AND DRIVER	DETAILS OF DAMAGE
	DAMAGE TO PROPERTY OTHER THAN VEHICLES			
	NAME AND ADDRESS OF OWNER		DETAILS OF DAMAGE	
	PERSONAL INJURIES (Other than in Insured Vehicles)			
	NAME OF INJURED	RELATIONSHIP TO ACCIDENT E.G. DRIVER, PASSENGER, ETC.	DETAILS OF INJURIES	NAME OF HOSPITAL IF APPLICABLE
LICENCE INSPECTION	I HAVE INSPECTED THE DRIVER'S LICENCE AND IT IS FREE OF ENDORSEMENTS/ENDORSED AS SHOWN. SIGNATURE: _____ CAPACITY: _____			
DECLARATION	WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT. SIGNATURE OF DRIVER: _____ DATE: _____ SIGNATURE OF INSURED: _____ CAPACITY: _____ DATE: _____			
	N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.			