

MOTOR ACCIDENT CLAIM

INSURED AND BROKER DETAILS

Insured	Name _____	ID no./Co. reg. no. _____
	Occupation _____	Tel no. W _____ H _____
	Email address _____	Cell _____ Fax _____
	Physical address _____	
		Code _____

BANK DETAILS (for any payment to you/possible excess refund)

Account in name of _____	Bank _____
Branch name and code _____	Account number _____

INSURED 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 no. _____
	Physical address or branch _____	

DRIVER

Full name _____	Identity no. _____
Address _____	Contact no. _____
	Code _____

Driver's Licence

Code _____	Date of first issue (DD/MM/YYYY) _____	Endorsements _____
Who is the principal (regular) driver 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
Occupation of driver _____		
Was the driver in your employ	Please mark	YES NO N/A
Does the driver have any motor insurance on his/her own vehicle	Please mark	YES NO N/A
If YES, state company _____	Policy no. _____	
Details of previous accidents of the driver (specify) _____		
Details of any convictions for motoring offences _____		

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)

VEHICLE 1 Make and model _____ Year _____ Registration no. _____

Name of driver _____ Name of owner _____

Owner's address _____ Contact no. _____

Insurance Details

Policy no. _____ Insurance company _____

Contact no. _____ Contact person _____

VEHICLE 2 Make and model _____ Year _____ Registration no. _____

Name of driver _____ Name of owner _____

Owner's address _____ Contact no. _____

Insurance Details

Policy no. _____ Insurance company _____

Contact no. _____ Contact person _____

DAMAGE TO PROPERTY (NON-MOTOR)

Name of Owner	Address of Owner	Details of Damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

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. Please also attach any photographs taken at the accident scene.)

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.

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.

SPECIAL NOTE (Applies only when recovery of excess is possible)

We are attempting to recover your excess by including it in the total cost of damages to the vehicle.

However, there is no contractual obligation on us to recover your excess. Our attempts are purely as a service.

There is no guarantee that the recovery will be successful and depending on the circumstances, it could take longer than expected

Note: Completion of the claim form does not warrant the validity of a claim.