



VEHICLE COLLISION CLAIM FORM

Insurer:		Policy Number:	
Insured Name:		Claim Number:	
Occupation / Business:		Daytime Tel No:	
Address:			
			Postal Code: <input type="text"/>

VEHICLE DETAILS

Make:		Model:		Year:	
Date Purchased:		Purchase Price	R	Current value:	R
Current Km:		Registration No:		Engine No:	
Chassis (VIN) No:		Exterior Colour:		Interior Colour:	
Registered Owner Name & ID No:					
If subject to Hire Purchase, Credit or Leasing Agreement please complete the following:					
Account Nr:					
Type of Agreement:		Outstanding Amount:			

DAMAGE REPORT

Damage to own Vehicle:					
Estimate for Repairs (Attach copy of quotation)					
Repairer name:		Repairer Tel No:			
Repairer Address:					
Where can vehicle be inspected?					

DRIVER DETAILS

Driver Name, Occupation & ID No:					
Driver Address:					
Driver Licence Date:		Full / Learners:		Code:	
				Place:	
CLEAR copy of ID and Driver's License must be attached.					
State fully the purpose for which the vehicle was used for: <input type="text"/>					
Was he/she in your employment?	YES	NO	Was he/she driving with your permission?	YES	NO
Does he/she have any motor insurance on own car? If yes, state Policy No. & Company? <input type="text"/>					
Details of any convictions for motoring offences: <input type="text"/>					
Has licence ever been endorsed?	YES	NO	Do you / he / she have any physical disability?	YES	NO
Details of previous accidents in the last 5 years: <input type="text"/>					
<input type="text"/>					
<input type="text"/>					



PASSENGER & OTHER PARTY DETAILS

Passengers:	Name:	Address:	Injuries:

For what purpose were they being transported? Are they employees? YES NO

Other Party:	Name:	Address:	Reg. No	Vehicle:

Damage to Property:	Name:	Address:
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Insurance Company/Broker Contact Details:

Policy No:	Claim No:	Damages:
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WITNESS DETAILS

Witness:	Name:	Address:	Tel. No:

COLLISION DETAILS

Date & Time:	Place:		
Speed:	Before Collision:		
	Moment of Impact:		
Weather Conditions:	Visibility:		
Road:	Road Surface Type:	Condition:	Width:
Street Lights On:	YES NO	Vehicle Lights On:	YES NO
Did you give any warning?	YES NO	If so, what:	

Police Details:	Station:	Ref. No:	Officer Name:
Was driver tested for drugs/alcohol?	YES NO	Result:	



COLLISION DESCRIPTION

Empty table with 10 rows for collision description.

COLLISION SKETCH

Large empty box for collision sketch.

LICENCE INSPECTION

I have inspected the drivers licence and it is free of endorsements/ endorsed as shown:

Signature: _____ Capacity: _____

DECLARATION

I/We declare the foregoing details to be true in every respect:

Insured's Signature

Signature box

Date:

Date grid: d d m m c c y y

Insured's Signature

Signature box

Date:

Date grid: d d m m c c y y

NB: It is very important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.