

MOTOR ACCIDENT CLAIM FORM

INSURED & BR	ROKER DETAILS						
Policy No.			Broker				
Insured:	Name		ID No./Co	o. Reg	з. No.		
	Occupation		Tel No.	W		н	
	E-mail Address			Cell		Fax	
	Physical						
	Address _					Со	de
VEHICLE							
Make		Model			Y	'ear	
Kilometres co	mpleted		Registration No.				
Registered Ow	ner						
Is the vehicle s	subject to a Hire Pu	rchase, Credit or Leasing Agre	eement			YES	NO
If YES	Name of Finance	Company			Account No.		
	Physical Address of	or Branch					
DRIVER							
Full name			ID No.				
Address			Contact No.				
						C	ode
Driver's Licen							
Code	Date of fire	st issue (DD/MM/YYYY)	End	lorsem	nents		
Who is the pri	ncipal (regular) driv	ver of this vehicle? Please ma	rk		Insured	Spouse	Other
If other, please	e specify						
State fully the	purpose for which	the vehicle was being used					
Was the drive	r driving with your p	permission	Please mark	C	YES	NO	N/A
Was the drive	r in your employ		Please mark	ζ.	YES	NO	N/A
Does the drive vehicle	er have any motor ir	nsurance on his/her own	Please mark	(YES	NO	N/A
If YES, state co	FYES, state company Policy No.						
Details of prev	ious accidents of the	e driver (Specify)					
Details of any	convictions for mot	oring offences					
PERSONS INJU	JRED IN INSURED V	EHICLE (Please remember to	advise the Road Acc	ident	Fund)		
Name Driver or Passenger		Details	Details of injuries			Name of hospital if	
						applicable	
For what purp Are they empl	ose were they being	g transported?					
Are they empl	Oyees:						



THIRD-PARTY INJURIES (Persons injure	d other than in the Insu	ired Vehicle)			
Name	Driver/Passenger or Pedestrian	Details of injuries		Name of hospital if applicable	
THIRD-PARTY INFORMATION/VEHICLE	OR PROPERTY DAMAG	E (This is compulsory for re	ecovery purpos	es)	
VEHICLE 1 Make & Model		Year	Registration I	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 & Model		Year	Registration I	No.	
Name of driver		Name of owner	-		
Owner's address		Contact No.			
Insurance Details					
Policy No.		Insurance company			
Contact No.		Contact person			
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DAMAGE TO PROPERTY (NON-MOTOR Name of Owner		ress of Owner		Details of Damage	
			-		
WITNESSES (This section is compulsory	y for recovery purposes)			
Name	Address	Contact De	tails	Passenger (YES/NO)	
ACCIDENT DETAILS					
DAMAGE					
Area of damage to own vehicle					
Estimate for repairs or attach quotation	n R				
Repairer's name			Contact No.		
Address			_		
Date of accident (DD/MM/YYYY)		Tir	ne of accident (hh:mm)	
Physical address where accident occurr	ed				



Speed:						
Before accident			Moment of impact			
Conditions: (please	e mark)					
Weather	WET	DRY	Visibility	GOOD	POOR	
Road surface	TAR	DIRT	Width of road	SINGLE	MULTIPLE	I
Street lighting	YES	NO				
Police details:						
Did the police atten	d the scene?				YES	NO
Name of police/traf	ffic officer who recorde	ed details of accident				
Police station			Reference No.			
Date reported to th	e police					
Was the driver tested for alcohol/drugs?					YES	NO
Full description 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 have 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.