



MOTOR ACCIDENT CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE)

	INSURER					
	POLICY No.			BROKER	MAJESTIC FINANCIAL SERVICES	
INSURED	NAME & OCCUPATION					
	IDENTITY NUMBER					
	ADDRESS & DAY PHONE NO					
VEHICLE	VEHICLE DETAILS	MAKE	MODEL & YEAR	REGISTRATION	KILOMETRE'S	
		VALUE	DATE OF PURCHASE	PRICE PAID	TARE / GVM	
	IN WHOSE NAME IS THE VEHICLE REGISTERED					
DAMAGE	DAMAGE TO OWN VEHICLE					
	ESTIMATE FOR REPAIRS OR ATTACH QUOTATION					
	REPAIRERS NAME ADDRESS & TEL NUMBER					
	WHERE CAN DAMAGED VEHICLE BE INSPECTED					
DRIVER	FULL NAME					
	ADDRESS					
	OCCUPATION					
	IDENTITY NO.					
	DRIVERS LICENCE	DATE	PLACE	CODE	FULL - LEARNERS	
	STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED					
	WAS HE/SHE DRIVING WITH YOUR PERMISSION?					
	WAS HE/SHE IN YOUR EMPLOY?					
	IS HE/SHE THE OWNER OF ANOTHER VEHICLE? IF YES GIVE NAME OF INSURER & POLICY NUMBER					
	DETAILS OF ANY CONVICTIONS FOR MOTORING OFFENCES					
	HAS LICENCE EVER BEEN ENDORSED					
	HAS HE/SHE ANY PHYSICAL DEFECTS					
	DETAILS OF PREVIOUS ACCIDENTS					
PASSENGERS (INSURED VEHICLE)		NAME	ADDRESS	INJURY		
	PASSENGERS IN INSURED VEHICLE					
	FOR WHAT PURPOSE WERE THEY CARRIED					
	ARE THEY EMPLOYEES					
OTHER PARTY	OTHER VEHICLES	REG NO.	MAKE	NAME & ADDRESS OF OWNER & DRIVER	DETAILS OF DAMAGE	
	PROPERTY OTHER THAN VEHICLES	NAME & ADDRESS OF OWNER			DETAILS OF DAMAGE	
	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	NAME OF INSURED	RELATIONSHIP TO ACCIDENT e.g. DRIVER, PASSENGER	DETAILS OF INJURIES	NAME OF HOSPITAL IF APPLICABLE	

WITNESSES	NAME ADDRESS & PHONE NO.			
	NAME ADDRESS & PHONE NO.			
ACCIDENT	DATE, TIME, PLACE			
	SPEED			
	a) WEATHER CONDITIONS	a)	b)	
	b) VISIBILITY			
	a) ROAD SURFACE	a)	b)	
	b) WIDTH OF ROAD			
	a) WHICH VEHICLES LIGHTS WERE ON	a)	b)	
	b) 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 & REFERENCE NUMBER	
	POLICE DETAILS			
	WAS DRIVER TESTED FOR ALCOHOL OR DRUGS			
DESCRIPTION OF ACCIDENT				
SKETCH OF ACCIDENT (IF NECESSARY USE A SEPARATE PAGE)		PLEASE SHOW CLEARLY THE POINT OF IMPACT AND INDICATE DIRECTION OF TRAVEL BY ARROWS		
LICENCE INSPECTED	I HAVE INSPECTED THE DRIVERS LICENCE AND IT IS FREE OF ENDORSEMENTS/ENDORSED AS SHOWN		SIGNATURE _____	
	PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF IDENTITY DOCUMENT		CAPACITY _____	
DECLARATION	WE HEREBY DECLARE THE AFOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT			
	SIGNATURE OF DRIVER _____ DATE _____			
SIGNATURE OF INSURED _____ CAPACITY _____ DATE _____				
NB. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND				