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|-------------|--|-----------------|--------------|---------------------------|----------------------|-------------------|
| INSURED | Name & Occupation | | | | | |
| | ID No | | | | | |
| | Address & Phone | | | | | |
| | E-Mail Address | | | | | |
| VEHICLE | | Make | Tare | Gross veh Mass | Kilometers Completed | |
| | If vehicle subject to hire purchase, creditor | Reg no | Value | Model & year | Date of purchase | |
| | Leasing agreement, state name of company | | | | | |
| DAMAGE | Damage to own vehicle | | | | | |
| | Estimate for repairs or attach quotation | | | | | |
| | Repair's name, address & telephone no | | | | | |
| | Where can your vehicle be inspected | | | | | |
| DRIVER | Full Name | | | | | |
| | Address | | | | | |
| | Occupation | | | | | |
| | Identity Number | | | | | |
| | Driving licence | No | Date | Place | Code | Full/Learner |
| | State fully the purpose for which the vehicle is used | | | | | |
| | Was he/she driving with your permission? | | | | | |
| | Was he/she in your employ? | | | | | |
| | Is he/she owner of another vehicle? If yes, give name of insured and policy no | | | | | |
| | Deatils of any convictions for motoring offences? | | | | | |
| | Has licence ever been endorsed? | | | | | |
| | Has he/she any physical defects? | | | | | |
| | Details of any previous accidents? | | | | | |
| PASSENGERS | Passengers in insured vehicle | Name | Address | Injury | | |
| | For what purpose were they carried? | | | | | |
| | Are they employees? | | | | | |
| OTHER PARTY | OTHER / THIRD PARTY VEHICLES | Make of vehicle | Registration | Name & Contacts of driver | | Details of damage |
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| | PROPERTY OTHER THAN VEHICLES | Name and address of owner | | Details of damage | | |
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| | PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE) | Name of injured | Relationship to accident e.g Driver, passenger etc. | Details of injuries | Name of hospital if applicable | |
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|--------------------|--|---|-------------------------|---------------------------------|--|
| WITNESSES | Name, address & phone no's | | | | |
| | Name, address & phone no's | | | | |
| ACCIDENT | DATE / TIME / PLACE | Date | Time | Place | |
| | Speed | Before accident KPH | Moment of impact KPH | | |
| | A) Weather Conditions B) Visibility | A) | B) | | |
| | A) Road surface B) Width of road | A) | B) | | |
| | A) Which vehicles lights were on? B) Street Lighting? | A) | B) | | |
| | Was any warning given by you e.g. Hooting, indicator etc? | | | | |
| | Police Details | Name of police/traffic officer who recorded details of accident | | Police station and reference no | |
| | Was driver tested for alcohol or drugs? | | | | |
| | DESCRIPTION OF ACCIDENT | | | | |
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| 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 the scene of the accident. (If necessary use a separate page) | | | |
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| LICENCE INSPECTED | <p>I have inspected the driver's licence and it is free of endorsements / endorsed as shown</p> <p style="text-align: right;">Signature _____</p> <p>Please attach copies of driver's licence, page 1 of drivers identity document and public driving permit (if applicable)</p> <p style="text-align: right;">Capacity _____</p> |
| DECLARATION | <p>We hereby declare the foregoing particulars to be true in every aspect.</p> <p>Signature of Driver _____ Date _____</p> <p>Signature of Insured _____ Capacity _____ Date _____</p> <p>Insured's VAT registration no (if applicable) _____</p> <p>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</p> |

| Your banking details: | |
|-----------------------|--|
| | |
| Account holder name: | |
| Name of Bank: | |
| Branch Code: | |
| Account number: | |
| | |
| VAT Number: | |