



Luanne Richard & Associates
Authorised Financial Service Provider
FSP Number 44976

MOTOR ACCIDENT CLAIM FORM

INSURED & BROKER

Policy No. _____ Broker _____
Insured: Name _____ ID No./Co. Reg. No. _____
Occupation _____ Tel No. W _____ H _____
E-mail Address _____ Cell _____ Fax _____
Physical Address _____ Code _____

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 _____ ID 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 reason for which the vehicle was being used _____
Was the driver driving with your permission? Please mark YES NO N/A
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) _____

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 & 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 & 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

WITNESSES (This section is compulsory for recovery purposes)

Name	Address	Contact Details	Passenger (YES/NO)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCIDENT DETAILS**DAMAGE**

Area of damage to own vehicle _____

Estimate for repairs or attach quotation R _____

Repairer's name _____ Contact No. _____

Address _____

Date of accident (DD/MM/YYYY) _____ Time of accident (hh:mm) _____

Physical address where accident occurred _____

Speed:

Before accident _____ Moment of impact _____

Conditions: (please mark)

Weather	WET	<input type="radio"/>	DRY	<input type="radio"/>	Visibility	GOOD	<input type="radio"/>	POOR	<input type="radio"/>
Road surface	TAR	<input type="radio"/>	DIRT	<input type="radio"/>	Width of road	SINGLE	<input type="radio"/>	MULTIPLE	<input type="radio"/>
Street lighting	YES	<input type="radio"/>	NO	<input type="radio"/>					

Police details:

Did the police attend the scene? YES NO

Name of police/traffic officer who recorded details of accident _____

Police station _____ Reference No. _____

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

We hereby declare all particulars to be true in every respect.

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.