

**MOTOR ACCIDENT / DAMAGE CLAIM FORM (4 PAGES)**

					Insurer	
LIMPSURE INSURANCE CONSULTANTS					BROKER / AGENT	
					POLICY NO.	
					Name and Occupation	<b>Insured</b>
					ID no / VAT Registration no. (where applicable)	
					Address and (Day) Tel No.	
					Cell No. and E-mail Address	
Reg No.	Make	Tare	GVM	Kilometres	Date Purchased and Price Paid	<b>Vehicle</b>
Year		Model				
					If vehicle subject to HP/Lease – state name & no of Finance Company	
					In whose name is the vehicle registered?	
					Estimate for Repairs (Please attach quotation)	<b>Damage to Own Vehicle</b>
					Repairer's name/telephone no/address	
					Damage on vehicle? (Which part/s of the vehicle have been damaged)	
					Where can the vehicle be inspected?	
					Full Name	<b>Driver</b>
					Address	
					Occupation	
					Identity Number	
Full/Learners	Code	Place	Date	Number	Drivers Licence	
					For what purpose was the vehicle being used?	
					Was the driver driving with your permission?	
					Was the driver in your employ?	
					Is the driver the owner of another vehicle? If yes, give Insured name & policy no.	
					Details of any convictions for motor offences	
					Has the driver's licence ever been endorsed?	
					Has the driver any physical defects?	
					Details of previous accidents	
Name	Address		Injury		<b>Passengers</b>	
						Passengers in Insured vehicle
						For what purpose were they carried?
						Are they employees?

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Reg No	Make & Model	Damages	Name/Address/Cell no of Owner/Driver		<b>Other Party</b>
Name/Address/Cell no of Owner		Details of Damages		Property Other than Vehicles	
Name	Relationship to accident eg driver	Details of Injuries	Hospital (if applicable)	Personal Injuries (other than in insured vehicle)	
Name		Address		Cell no / Tel No	<b>Witnesses</b>
Date	Time	Place	Weather Conditions		<b>Accident</b>
Speed Before Accident	<b>Speed at moment of impact</b>	<b>Visibility</b>	Road Surface		
Width of Road	Which vehicle lights were on?	Street Lighting	Was any warning given by you? Eg hooting, indicator etc		
Name of Police/Traffic Officer who recorded accident details		Police Station and Reference no		Police Details	
				Was driver tested for alcohol or drugs?	
				Description of Accident	
Please show clearly the point of impact and indicate the direction of travel by arrows (If necessary use a separate page). Give details of any road safety signs or warning signs in the vicinity of the scene of the accident				Sketch of Accident	

<p>I have inspected the drivers licence and it is free of endorsements/endorsed as shown (delete whichever is no applicable)</p> <p>Signature _____</p> <p>Capacity _____</p> <p><b>PLEASE ATTACH A COPY OF THE DRIVERS LICENCE</b></p>	<p><b>Licence Inspected</b></p>
<p><b>IT IS IMPORTANT THAT YOU NOTIFY LIMPSURE INSURANCE CONSULTANTS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</b></p>	
<p>It is recommended that any amount payable to you direct be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information:</p> <p><b>ASSIGNMENT: I/We acknowledge that the party hereby authorized to effect a credit against my/our account may not cede or assign any of its rights to any third party without my/our prior written consent and that I/we may not delegate any of my/our obligations in terms of this contract/authority to any third party without prior written consent of the authorized</b></p> <p>NAME OF BANK: _____ BRANCH NO. _____</p> <p>NAME OF ACCOUNT: _____ ACCOUNT NO. _____</p> <p>YOUR SIGNATURE: _____</p>	<p><b>Authority for payment</b></p>
<p>I/We solemnly declare the foregoing particulars to be true in every respect.</p> <p>Insured's Signature: _____ Capacity: _____ Date: _____</p> <p>Driver's Signature: _____ Date: _____</p>	<p><b>Declaration</b></p>