

MOTOR ACCIDENT CLAIM FORM

Policy Details

Insurer	
Broker	
Policy No.	

Insured Details

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Numbers	Work		Cell

Registered Owner of Vehicle

Title, Initials & Surname			
Occupation			
Identity Number			
Residential Address			
Employer Name			
Work Address			
Telephone Numbers	Work		Cell

Vehicle Information

Date Purchased	
Purchased Price	
New or Second Hand	
Make	
Model	
Year of Manufacture	
Registration No.	
Chassis No. (VIN)	
Engine No.	
Kilos Completed	

Natsure HCV & Commercial a division of (Pty) Ltd (Registration No. 1968/004869/07) is an Authorised Financial Services Provider - FSP No. 4578

Directors:

Dr DP Botha (Chairman)
T Davey (Managing Director)
M Appelo
M Meyer
M Pretorius

Head Office:

A Block A, Block@Nature
472 Botterklapper Street
Die Wilgers,
Pretoria East, 0184

T 086 147 7752
F 086 538 5983
www.natsure.co.za

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Financing Details

Is Vehicle Currently Subject to:	Instalment-Sale Agreement	Yes		No	
	Lease Agreement	Yes		No	
	Any Other Type of Agreement	Yes		No	
Name of Finance Company & Telephone No.					
Date Agreement entered into					
Account Number					
Amount Outstanding					

Damage

Damage to own vehicle:	
Estimates for Repair (Attach Quotations)	
Repairer's Name	Repairer's Tel No
Repair's address	
State where can the vehicle be inspected	

Police

Police Station				Name of Officer who recorded details of accident:
Telephone				
Reference				
Date Reported		Time		

Driver Details

Title, Initials & Surname						
Occupation						
Identity Number						
Residential Address						
Employer Name						
Work Address						
E-mail Address						
Telephone Numbers		Tel			Cell	
Driver's License Details	Code	k	Place of issue		Date of Issue	
State the Purpose for which the Vehicle was being used:						

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Was He/She driving with your permission : YES / NO
Is He/She in your employ: YES / NO
Is He/She an owner of another vehicle: YES / NO
If yes provide name of Insurer and Policy Number:
Details of any convictions for motoring offences:
Has license ever been endorsed: YES / NO
HAS He/She any Physical Defects (If YES please state details): YES / NO
Details of previous accidents:

Passenger Details

Were there any passengers in the insured vehicle, If so please state their name, address and Telephone Numbers below:		
NAME	ADDRESS	TELEPHONE NUMBER
Are they employees: YES/NO		
For what purpose where they being transported:		

Witness Details

Name	Address	Telephone number

Other Party Details

Registration number			Make and Model of vehicle	Name and address of owner and driver	Tele

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Damage to property other than vehicles (indicate damage)			

Injuries

Name of Injured person	Relationship to accident (e.g. Passenger, driver or Third Party)	Details of Injuries	Name of Hospital

Accident Details

Description of accident	Date:		
	Time:		
	Place:		
	Speed before Accident:	Speed at moment of impact:	
	Weather condition at time of accident:		Visibility:
	Road Surface:	Width of road:	
	State which vehicles lights were on:		Condition of Street Lighting:
	Was any warning given by you (e.g.		Was driver/s tested for Alcohol or drugs:
Description of Incident:			
Was a load being transported at the time of the accident: YES/NO			
If yes what was the commodity:			

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Sketch of Accident - (If necessary us a separate page)

Please indicate clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs or warning signs in vicinity of scene of the accident.

Declaration

I / We hereby declare the forgoing particulars to be true and accurate in every respect.

Dated: _____ / _____ / 20 _____

Signed at _____ on this _____ day of _____ 20_____

Name: _____ Witnessed by: _____

Capacity: _____ Signature: _____

Driver Signature: _____ Name: _____ Tel No: _____

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