

MOTOR ACCIDENT CLAIM FORM

Policy number _____

POLICYHOLDER

Name in full _____

Identity number _____ Contact number/s _____

Residential address _____

Postal code _____

E-mail address _____

VEHICLE

Make _____ Model _____ Year _____ Registration _____

Engine number _____ Chassis number _____

Is the vehicle under warranty? YES NO

Finance details

Finance company/branch _____ Type of agreement _____

Account number _____ Amount R _____

In whose name is the vehicle registered?
 (please attach copy of the registration certificate) _____

Identity number of registered owner if other than Policyholder _____

DRIVER

Name in full _____

Identity number _____ Contact number/s _____

Residential address _____

Postal code _____

E-mail address _____

Drivers Licence Details

Drivers licence number _____ Date expiry _____ Code _____

Was he/she driving with your permission? YES NO

Was he/she in your employ? YES NO

Is he/she the owner of another vehicle? If Yes, give name of Insurer and policy number. YES NO

PASSENGERS (Insured Vehicle)

Were there any passengers in the vehicle? YES NO

Were any passengers injured? YES NO

Name	Contact details	E-mail address	Injury
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Were the passengers fare paying? YES NO
 Are they employees? YES NO

OTHER PARTIES – IMPORTANT TO COMPLETE

Other vehicles (If more than two vehicles, please add a separate sheet)

1. Vehicle make _____ Registration number _____

Owner of vehicle: Name and address _____
 Identity number _____
 Tel number _____ Claim number _____
 E-mail address _____

Driver of vehicle: Name and address _____
 Identity number _____
 Tel number _____ Claim number _____
 E-mail address _____

Insurance company _____ Policy number _____

2. Vehicle make _____ Registration number _____

Owner of vehicle: Name and address _____
 Identity number _____
 Tel number _____ Claim number _____
 E-mail address _____

Driver of vehicle: Name and address _____
 Identity number _____
 Tel number _____ Claim number _____
 E-mail address _____

Insurance company _____ Policy number _____

Personal injuries (other than in insured vehicles)

Name of injured and contact details	Relationship to accident, e.g. driver, passenger	Details of injuries Serious/Minor/Death	Name of hospital, if applicable, or next of kin and contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Damages to property other than vehicles

Name of property owner and contact details	Relationship to accident, e.g. driver, passenger	Details of injuries
_____	_____	_____
_____	_____	_____

WITNESSES

Were there any witnesses? YES NO

Name in full _____

Residential address _____

Postal code _____ Phone number _____

E-mail address _____

Name in full _____

Residential address _____

Postal code _____ Phone number _____

E-mail address _____

ACCIDENT

Date _____ Time _____ Place _____

Speed Before accident _____ Speed Moment of impact _____

Weather conditions _____ Visibility _____

Road surface _____ Width of road _____

Which street lights were on? _____ Street lighting _____

Was any warning given by you, e.g. hooting, indicator? YES NO

Is the vehicle driveable? YES NO

State of road/ road surface	<input type="checkbox"/> Smooth	<input type="checkbox"/> Rough	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry
	<input type="checkbox"/> Uphill	<input type="checkbox"/> Downhill	<input type="checkbox"/> Straight	<input type="checkbox"/> Other
Road type	<input type="checkbox"/> Freeway	<input type="checkbox"/> On/Off ramp	<input type="checkbox"/> Dual carriageway	<input type="checkbox"/> Single carriageway (two way)
	<input type="checkbox"/> One way	<input type="checkbox"/> On-road parking/ rank	<input type="checkbox"/> Off-road parking/ rank	<input type="checkbox"/> Other
Junction type	<input type="checkbox"/> Cross roads	<input type="checkbox"/> T-junction	<input type="checkbox"/> Staggered junction	<input type="checkbox"/> Y-junction
	<input type="checkbox"/> Circle	<input type="checkbox"/> Level Crossing	<input type="checkbox"/> Not a junction or crossing	<input type="checkbox"/> On ramp/slipway
	<input type="checkbox"/> Off ramp/slipway	<input type="checkbox"/> Pedestrian Crossing	<input type="checkbox"/> Property driveway/access	<input type="checkbox"/> Other

Police details

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

Police station and reference number _____

Date reported to SAP _____

Was driver tested for alcohol or drugs? YES NO

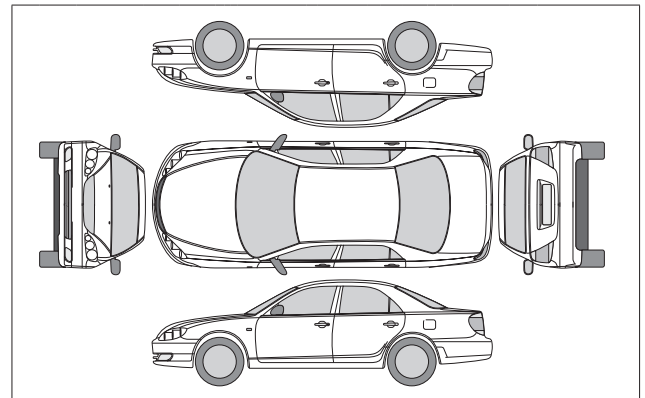
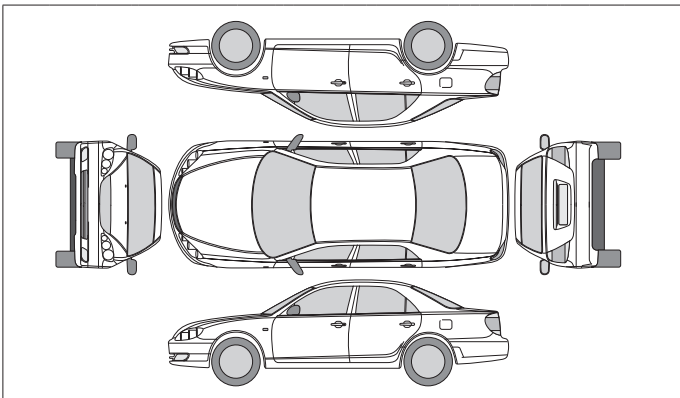
Description of accident – in driver’s own words

Sketch of accident (if necessary, use separate page)

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 (use a separate page if necessary).

Show the damaged areas to **our** vehicle on the following diagram

Show the damaged areas to the **other** vehicle on the following diagram



Who do you consider was at fault? Myself Other driver Other

Why? _____

Where does the client want the vehicle assessed? _____

NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY ONCE YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

HOW HOLLARD DEALS WITH YOUR PERSONAL INFORMATION

In order to provide you with insurance, Hollard has to process your personal information. We will share your personal information with other insurers, industry bodies, credit agencies and service providers. This includes information about your insurance, claims and premium payments. We do this to provide insurance services, prevent fraud, assess claims and conduct surveys. We will treat your personal information with caution and have put reasonable security measures in place to protect it.

HOW CTU DEALS WITH YOUR PERSONAL INFORMATION

CTU collects, holds, uses and discloses your personal information mainly to provide you with access to the services and products that we provide. We will only process your information for a purpose you would reasonably expect, including:

- Providing you with information, products and services that may suit your needs.
- To verify your identity and to conduct credit reference searches.
- To issue, administer and manage your insurance policies.
- To process insurance claims and to take recovery action.
- To notify you of new products or developments that may be of interest to you.
- To confirm, verify and update your details.
- To comply with any legal and regulatory requirements.

CTU may need to share your information to provide relevant and pertinent advice, reports, analyses, products, or services. Where we share your information, we will take all precautions to ensure that the third party, including suppliers, affiliates, partners, agents or other CTU companies will treat your information with the same level of protection as required by us. We are not in the business of selling personal information and therefore we will not disclose your personal information or data to anyone except as provided herein.

DECLARATION BY POLICYHOLDER

- I confirm that all the information which I completed on this claim form is true and correct to the best of my knowledge.
- I understand that any incorrect information may lead to my claim being rejected or my policy being cancelled.
- I agree to inform Hollard immediately once I become aware of any investigation or legal action against me, such as receiving a summons from the court.

 Name of policyholder

 Signature of policyholder

 Date

DECLARATION BY DRIVER (if not the policyholder)

- I confirm that all the information which I completed on this claim form is true and correct to the best of my knowledge.
- I agree to inform Hollard immediately once I become aware of any investigation or legal action against me, such as receiving a summons from the court.

 Name of driver

 Signature of driver

 Date