



Insurance. Motor accident claim form.

Insured/Owner:

Name and surname:		Policy no.:
Id no.:	Occupation:	
Address:		
Tel. no. (H):	Tel. no. (W):	Cell no.:
E-mail:	Driving licence date of first issue:	
Licence code:	Place of issue:	
Detail of any convictions or pending criminal matters:		

Vehicle:

Make and model:	Registration:	Year:	VIN:	Engine no.:

Finance institute:

Damage:

Repairer name:

Address and tel no.:

Damage to own vehicle:

Driver:

Name and surname:		
Id no.:	Occupation:	
Address:		
Tel. no. (H):	Tel. no. (W):	Cell no.:
E-mail:	Driving licence date of first issue:	
Licence code:	Place of issue:	
Detail of any convictions or pending criminal matters:		

State purpose for which vehicle is being used:

Relation to insured:

Was he/she driving with permission?	Y	N
Has licence ever been endorsed?	Y	N
Has he/she any physical defects?	Y	N

Passenger/s insured vehicle:

Name, surname and address:

Injury:

Name, surname and address:

Injury:

Name, surname and address:

Injury:

Other party/parties (vehicle and damage to property):

Name and surname (owner and driver):

Address:

Tel. no. (H):

Tel. no. (W):

Cell no.:

Vehicle make:

Registration no.:

Detail of damage:

Insurance detail:

Name and surname (owner and driver):

Address:

Tel. no. (H):

Tel. no. (W):

Cell no.:

Vehicle make:

Registration no.:

Detail of damage:

Insurance detail:

Name and surname (owner and driver):

Address:

Tel. no. (H):

Tel. no. (W):

Cell no.:

Vehicle make:

Registration no.:

Detail of damage:

Insurance detail:

Witness/es:

Name, surname, address and tel. no.:

Name, surname, address and tel. no.:

Name, surname, address and tel. no.:

Incident details:

Date of incident:

Time:

Place:

Police station:

Reference no.:

Police officer:

Telephone no.:

Was the driver tested for alcohol?

Y

N

Speed before incident (km/h):

Speed after incident (km/h):

Weather conditions:

Visibility:

Road surface

Tar:

Gravel:

Off-road:

Description of accident:

Sketch of accident:

Declaration:

I/We hereby declare the foregoing particulars to be true in every respect.

I/We authorise LGI Consultants CC (a duly authorised agent of Guardrisk), to obtain any incriminating information in my name held by the South African Police Service for insurance verification purposes.

I/We furthermore authorise the South African Police Service to furnish any possible convictions and/or any relevant information as is usually furnished by the Criminal Record Centre Of the South African Police Service.

Signature of driver Signed on DD / MM / YYYY

Signature of insured Signed on DD / MM / YYYY