MOTOR ACCIDENT CLAIM

INSURED AND BROKER DETAILS

Policy no. _____ Broker _____

Insured

Name _____ ID no./Co. reg. no. _____

Occupation _____ Tel no. W _____ H _____

Email 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 _____ Identity 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 purpose 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) _____

Details of any convictions for motoring offences _____

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 and 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 and 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	◯	DRY	◯	Visibility	GOOD	◯	POOR	◯
Road surface	TAR	◯	DIRT	◯	Width of road	SINGLE	◯	MULTIPLE	◯
Street lighting	YES	◯	NO	◯					

Police details:

Did the police attend the scene YES ◯ NO ◯

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

Police station _____ Reference no. _____

Date reported to the police _____

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

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that Bryte Insurance Company Limited has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

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.**