

MOTOR ACCIDENT CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE)



		INSURER				
		POLICY No.		BROKER	THOR INSURANCE BROKERS	
INSURED	NAME & OCCUPATION					
	IDENTITY NUMBER					
	ADDRESS & DAY PHONE NO					
VEHICLE	VEHICLE DETAILS	MAKE	MODEL & YEAR	REGISTRATION	KILOMETRE'S	
DAMAGE	DAMAGE TO OWN VEHICLE					
	ESTIMATE FOR REPAIRS OR ATTACH QUOTATION					
	REPAIRERS NAME ADDRESS & TEL NUMBER					
	WHERE CAN DAMAGED VEHICLE BE INSPECTED					
DRIVER	FULL NAME					
	ADDRESS					
	OCCUPATION					
	IDENTITY NO.					
	DRIVERS LICENCE	DATE	PLACE	CODE	FULL - LEARNERS	
	STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED					
	WAS HE/SHE DRIVING WITH YOUR PERMISSION?					
	WAS HE/SHE IN YOUR EMPLOY?					
	IS HE/SHE THE OWNER OF ANOTHER VEHICLE? IF YES GIVE NAME OF INSURER & POLICY NUMBER					
	DETAILS OF ANY CONVICTIONS FOR MOTORING OFFENCES					
	HAS LICENCE EVER BEEN ENDORSED					
	HAS HE/SHE ANY PHYSICAL DEFECTS					
	DETAILS OF PREVIOUS ACCIDENTS					
	PASSENGERS (INSURED VEHICLE)		NAME	ADDRESS	INJURY	
PASSENGERS IN INSURED VEHICLE						
FOR WHAT PURPOSE WERE THEY CARRIED						
ARE THEY EMPLOYEES						
OTHER PARTY	OTHER VEHICLES	REG NO.	MAKE	NAME & ADDRESS OF OWNER & DRIVER	DETAILS OF DAMAGE	
	PROPERTY OTHER THAN VEHICLES	NAME & ADDRESS OF OWNER			DETAILS OF DAMAGE	
	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	NAME OF INSURED	RELATIONSHIP TO ACCIDENT e.g. DRIVER, PASSENGER	DETAILS OF INJURIES	NAME OF HOSPITAL IF APPLICABLE	

WITNESSES	NAME ADDRESS & PHONE NO.			
	NAME ADDRESS & PHONE NO.			
ACCIDENT	DATE, TIME, PLACE			
	SPEED			
	a) WEATHER CONDITIONS	a)	b)	
	b) VISIBILITY			
	a) ROAD SURFACE	a)	b)	
	b) WIDTH OF ROAD			
	a) WHICH VEHICLES LIGHTS WERE ON	a)	b)	
	b) STREET LIGHTING			
	WAS ANY WARNING GIVEN BY YOU e.g. HOOTING, INDICATOR ETC.?			
			NAME OF POLICE/TRAFFIC OFFICER WHO RECORDED DETAILS OF ACCIDENT.	POLICE STATION & REFERENCE NUMBER
POLICE DETAILS				
WAS DRIVER TESTED FOR ALCOHOL OR DRUGS				
DESCRIPTION OF ACCIDENT				
SKETCH OF ACCIDENT				
BANK DETAILS	NAME OF BANK			
	BRANCH NO / CODE			
	ACCOUNT NUMBER			
	ACCOUNT TYPE			
	ACCOUNT HOLDER			
LICENCE INSPECTED	I HAVE INSPECTED THE DRIVERS LICENCE AND IT IS FREE OF ENDORSEMENTS/ENDORSED AS SHOWN		SIGNATURE _____	
	PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF IDENTITY DOCUMENT		CAPACITY _____	
DECLARATION	WE HEREBY DECLARE THE AFOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT			
	SIGNATURE OF DRIVER _____		DATE _____	
	SIGNATURE OF INSURED _____		CAPACITY _____ DATE _____	
NB. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND				