

Motor

CLAIM FORM



The claim form must be completed with correct and factual data. All information must be disclosed even if not specifically asked for. Delete sections not applicable.

BROKER DETAILS

Broker	Fax No.
Contact Person	Email

INSURED

Name & Surname / Company Name	
Policy Number	Vat No
Address	
Landline	Cell
E-Mail	Occupation

VEHICLE

Registered Owner			
Date of Purchase	Registration Number		
Make	Model		
Year	Kilometers		
Any Existing Damage			
HP/Credit/Leasing Agreement	Yes	<input type="checkbox"/>	No
Name of Institution			
Contract No	Telephone No		

DAMAGE

Repair Estimate	Quote Attached	Yes	<input type="checkbox"/>	No
Repairer Name	Telephone No			
Where can your damaged vehicle be inspected?				
Was your vehicle towed and by whom?				

DRIVER DETAILS

Full Name	Date of Birth		
ID No			
Address			
Contact Number	Occupation		
Driver Licence No	Date issued		
Place of issue	Code		
State the purpose for which the vehicle was being used	Private	<input type="checkbox"/>	Business
Was the vehicle being used with insured's permission?	Yes	<input type="checkbox"/>	No
Was the driver in the insured's employ?	Yes	<input type="checkbox"/>	No
Has the driver motor insurance on own vehicle?	Yes	<input type="checkbox"/>	No
If Yes, please state Insurer and Policy No			
Insurer	Policy Number		
Details of any convictions for motoring offences during the last 3 years			
Has licence been endorsed?	Yes	<input type="checkbox"/>	No
Does the driver have any physical defects?	Yes	<input type="checkbox"/>	No
Previous Accidents Detail			

PASSENGERS IN INSURED VEHICLE

Name	Relationship	Injury
For what reason were they being transported?		
Are they in the employ of the Insured?	Yes	<input type="checkbox"/>
		No

DAMAGE TO OTHER VEHICLES

Make and Model	Registration No
Name & Address of Owner	Contact No
Name & Address of Driver if different from Owner	Contact No
Details of damage	

PROPERTY OTHER THAN VEHICLES

Owner Name	Owner Address	Contact Number	Details of Damage

OTHER PARTY INJURIES

Name of injured	Contact Numbers	Details of injuries

WITNESSES

Name	Contact Number	Address

THEFT/HIJACK

Date	Place						
Time							
Was vehicle locked?						Yes	No
Who has keys/spare keys?							
Engine No				Vin No			
Kilometers							
Colour Exterior				Colour Interior			
Anti-theft Device		Yes	No	Make			
Details of existing dents, scratches & defects							
Details of features which could assist identification							
Details of window markings							
Police station				Date Reported			
Police Case Reference No							
Accessories stolen							

DETAILS OF ACCIDENT

Time and Date	Place						
Speed prior to Impact	Speed at Impact						
Weather conditions							
Road Surface		Tarmac	Cement	Gravel			
Street Lighting		On	Off				
Vehicle Lights		On	Off				
Visibility	Warning given by you e.g. Hooting						
Police Station	Name of Officer						
Police Case Reference No	Date Reported						
Was the driver of the insured vehicle tested for alcohol/drugs?						Yes	No
Result							
Description of Accident							

SKETCH OF ACCIDENT

PLEASE SUPPLY A SCANNED SKETCH OF THE ACCIDENT ALONG WITH THE COMPLETED CLAIM FORM.

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

DECLARATION

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

Signature of Driver	Date
Signature of Owner	Date

NB. It is important you notify Insurers immediately you become aware of any impending prosecution, inquest or demand.



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