



Holburn Insurance Brokers

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Established 1983 | FSP Licence No. 30634

MOTOR ACCIDENT CLAIM FORM

INSURER	Name:					
	Policy No.			Claim No.		
INSURED	Name & Occupation					
	Address & Day Telephone Number					
ID No. / VAT No.						
VEHICLE	If vehicle is subject to Hire purchase, Credit or Leasing Agreement, state name, address and account number of Finance Company	Make	Tare	Gross Vehicle Mass	Km completed	
		Registration	Value	Model & Year	Purchase Date	
In whose name is the vehicle registered?						
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairer's name, address and telephone number					
	Where can your damaged vehicle be inspected?					
DRIVER	Full Name					
	Residential Address					
	Occupation					
	Date of Birth and ID No.					
	Driving License	No.	Date	Place	Code	Full/Learner
	State fully the purpose for which vehicle was being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Has he/she any motor insurance on own car? If yes, state Policy No. and Company					
	Details of any convictions for motoring offences					
	Has license ever been endorsed?					
	Has he/she any physical defects?					
Details of previous accidents						
PASSENGERS	PASSENGERS IN INSURED VEHICLE	Name Residential Address Injury				
	For what purpose were they carried?					
Are they employees?						

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

OTHER PARTY	Personal Injuries (other than in insured Vehicles)	Name of Injured	Relationship to accident e.g. Passenger/Driver	Details of Injuries	Name of Hospital, if applicable	
This Accident must be reported to the Road Accident Fund) within 14 days if there is any likelihood of injuries, otherwise the fund may be able to claim from you. The fund's address is Private Bag X28, Roggebaai, 8012.						
OTHER VEHICLES	Other Vehicles	Registration No.	Make	Name & Address of owner and driver	Details of Damage	
	Property other than vehicles	Name & Address of Owner	Details of Damage			
Witnesses	Name, Address and Telephone No.					
	Name, Address and Telephone No.					
ACCIDENT	Date, Time & Place					
	Speed	Before Accident: kph	Moment of impact kph			
	a) Weather Conditions b) Visibility	a)		b)		
	a) Road Surface b) Width of road	a)		b)		
	a) Which Vehicle lights were on? b) Street lighting	a)		b)		
	Was any warning given by you e.g. hooting, indicators, etc? (tick or click in applicable box)		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	Police Details	Name of Police/Traffic Officer who recorded details of accident.		Police Station & Reference No.		
	Was the driver tested for alcohol or drugs?					
	Description of accident					
	Sketch of Accident (if necessary use separate page)					
Declaration	<p>We hereby declare the foregoing particulars to be true in every respect:-</p> <p>Signature of Insured Capacity Date</p> <p>Signature of Driver Date</p>					

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