

Policy No:

Motor Accident Claim Form  
(Delete sections not applicable)



Alexander Forbes

INSURANCE

**1** Insured:

Name & Surname: \_\_\_\_\_

ID No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

E-mail address: \_\_\_\_\_ @ \_\_\_\_\_

**2** Vehicle: Make: \_\_\_\_\_ Model: \_\_\_\_\_  
Registration: \_\_\_\_\_ Year: \_\_\_\_\_

**3** Damage:  
Repairer Name: \_\_\_\_\_  
Address & Tel: \_\_\_\_\_

Damage to own vehicle: \_\_\_\_\_

**4** Driver:  
Full name: \_\_\_\_\_  
ID no: \_\_\_\_\_  
Postal address: \_\_\_\_\_  
Telephone no: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_  
Occupation: \_\_\_\_\_

State purpose for which vehicle was being used: \_\_\_\_\_

Was he/she driving with permission?  Yes  No

**Driving Licence:**

Has licence ever been endorsed?  Yes  No

Date of first issue: \_\_\_\_\_

Has he/she any physical defects?  Yes  No

Code: \_\_\_\_\_

**5** Passengers (Insured vehicle)

**Name & Surname:**

**Address:**

**Injury:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Yes	No
Yes	No

**6** Other Party

**NB: Please notify us immediately if you become aware of any impending prosecution, inquest or demand!**

Damage to other vehicles / property:

Name & Surname (Owner and Driver): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Vehicle: Make: \_\_\_\_\_ Registration: \_\_\_\_\_

Details of Damage: \_\_\_\_\_

Insurance Details: \_\_\_\_\_

Name & Surname (Owner and Driver): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Vehicle: Make: \_\_\_\_\_ Registration: \_\_\_\_\_

Details of Damage: \_\_\_\_\_

Insurance Details: \_\_\_\_\_

Name & Surname (Owner and Driver): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Vehicle: Make: \_\_\_\_\_ Registration: \_\_\_\_\_

Details of Damage: \_\_\_\_\_

Insurance Details: \_\_\_\_\_

**7** Witnesses

**Name & Surname:** \_\_\_\_\_ **Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please ensure the following details are correctly filled out:

**8** Accident

Date : \_\_\_\_\_ NB: Police Station: \_\_\_\_\_  
Time : \_\_\_\_\_ Reference no: \_\_\_\_\_  
Place : \_\_\_\_\_ Police officer: \_\_\_\_\_

Was driver tested for alcohol or drugs :

Speed Traveling: Before accident: \_\_\_\_\_ (Km/h) At Impact: \_\_\_\_\_ (Km/h)

Weather conditions: \_\_\_\_\_

Visibility: \_\_\_\_\_

Road Surface: Tar  Gravel  Off-Road

Description of Accident: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sketch of Accident:**

**I/We declare that to the best of my/our knowledge the above information is true in every aspect**

**NB!!** I acknowledge that, should I elect to use a non-manufacturer approved repairer, I release **Alexander Forbes Insurance Company Limited** from any liability which could arise as a result of any defective workmanship. I acknowledge further that I may lose my manufacturer's warranty and or any maintenance plan that may exist on my vehicle.

\_\_\_\_\_  
**Signature of Driver**                      **Capacity**                      **Date**                      **Signature of Insured**                      **Date**