

## MOTOR ACCIDENT CLAIM

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 form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

### 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 The Hollard Insurance Company Ltd 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.

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.**

**PLEASE UNDERSTAND THAT THE REPAIRER AND THE INSURANCE COMPANY HAVE NO CONTROL OVER PARTS DELIVERY OR PARTS AVAILABILITY.**

**Note: Completion of the claim form does not warrant the validity of a claim.**

### INSURED AND BROKER DETAILS

Insured	Name	_____	ID no./Co. reg. no.	_____
	Occupation	_____	Tel no. W	_____ H _____
	Email address	_____	Cell	_____ Fax _____
	Physical address	_____		Code _____

### BANK DETAILS (for any payment to you/possible excess refund)

Account in name of \_\_\_\_\_ Bank \_\_\_\_\_

Branch name and code \_\_\_\_\_ Account number \_\_\_\_\_

### INSURED 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

Occupation of driver \_\_\_\_\_

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 \_\_\_\_\_  
 Were any vehicle lights on YES NO If YES, which vehicle(s) \_\_\_\_\_

**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. Please also attach any photographs taken at the accident scene.)

**SPECIAL NOTE (Applies only when recovery of excess is possible)**

**We are attempting to recover your excess by including it in the total cost of damages to the vehicle.**

**However, there is no contractual obligation on us to recover your excess. Our attempts are purely as a service.**

**There is no guarantee that the recovery will be successful and depending on the circumstances, it could take longer than expected**