

MOTOR VEHICLE ACCIDENT CLAIM FORM



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Email: claims@econorisk.co.za

Click on the above link to email our claims consultants

Insurer:	Policy No.:	VAT Reg. No.:
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Insured

Name:	
Address:	Identity No.:
	Occupation:
Code:	Phone No.:

Vehicle

Reg No.:	Make:	Tare:	Gross Vehicle Mass:	Kilometers:
Date Purchased:	Price Paid:	Value:	Year:	Model:

If the vehicle is subject to HP / lease, provide the name of the finance company:

Finance Account No.:

In whose name is the vehicle registered?

Damage

Description of damage to own vehicle:

Is the damaged vehicle drivable? Yes No

Was the damaged vehicle towed from the scene of accident? Yes No

If YES, by whom? Tel No.:

Estimate for repairs or attached quotation:

Repairers name: Tel No.:

Where can the vehicle be inspected?

Driver

Full name:

Address:

Occupation: Identity No.:

Drivers Licence No.: Date: Place: Code: Full / Learners:

For what purpose was the vehicle being used?

Was he / she driving with your permission? Yes No

Was he / she in your employ? Yes No

Is he / she the owner of another vehicle? Yes No

If Yes, give insured name and policy no.:

Details of any convictions for motor offences:

(cont.)

Driver (Continued)

Has licence ever been endorsed? Yes No

Has he / she any physical defects? Yes No

Details of previous accidents:

Passengers

PASSENGERS IN INSURED VEHICLE

Name	Address	Age	Injury

For what purpose were they carried?

Are they employees?

Other Party

Other vehicles	Reg No.	Make	Name & address of owner	Damages

Property other than vehicles	Name & address of owner	Details of damages

Personal injuries (other than in insured vehicle)	Name of injured	Age	Relationship to accident e.g. driver / passenger	Details of injuries	Name of hospital, if applicable

Witnesses

Name: _____ Tel No.: _____

Address: _____

Code: _____

Name: _____ Tel No.: _____

Address: _____

Code: _____

Accident

Date: *day/month/year* Time:

Place:

Speed Before accident: Moment of impact:

Weather conditions: Visibility:

Road surface: Width of road:

Were the vehicle's lights on? Street lighting:

Was any warning given by you, e.g. hooting, indicators etc.?

Name of police station where accident was reported:

SAPS case reference No.:

Name of police / traffic officer who recorded accident details:

Was our driver tested for alcohol or drugs? Was third party tested for alcohol or drugs?

Description of accident:

SKETCH OF ACCIDENT:

Please show clearly the point of impact and indicate the direction of travel by arrows (if necessary use a separate page). Give details of any road safety signs or warning signs in vicinity of scene of accident.

Please note that after authorization of a valid claim, the repairer will pre-order the parts (if applicable) and will contact you to make arrangements to book the vehicle in on the first available Monday once the parts have arrived for commencement of repairs.

Should the Car Hire option be applicable to you, a hired vehicle will be arranged for the same day that the repairer can commence repairs to your vehicle.

Declaration

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

Signature of driver: Signature of insured:

Date: *day/month/year*

**PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF DRIVERS IDENTITY DOCUMENT
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS AS SOON AS YOU BECOME AWARE OF ANY IMPENDING
PROSECUTION, INQUEST OR DEMAND**

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