

MOTOR ACCIDENT CLAIM

INSURED AND	BROKER DETAILS						
Policy no.			Broker				
Insured	Name		ID no./Co. r				
	Occupation			W			
	Email address			Cell	Fax _		
	Physical						
	address				Co	ode	
VEHICLE							
Make		Model			Year		
Kilometres cor	mpleted		Registration no.				
Registered Ow	ner						
Is the vehicle s	subject to a Hire Ρι	irchase, Credit or Leasing Agreem	nent		YES	NO	
If YES,	Name of finance	company		Account no.			
	Physical address	or branch					
DRIVER							
Full name			Identity no.				
Address			Contact no.				
					Co	ode	
Driver's Licence	ce						
Code	Date of fi	rst issue (DD/MM/YYYY)	Endo	rsements			
Who is the pri	ncipal (regular) dri	ver of this vehicle – please mark		Insured	Spouse	Other	
If other, please	e 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	
Was the driver	r in your employ		Please mark	YES	NO	N/A	
Does the drive vehicle	er have any motor i	nsurance on his/her own	Please mark	YES	NO	N/A	
If YES, state co	mpany		Pc	olicy no.			
Details of previ	ious accidents of th	ne driver (specify)					
Details of any	convictions for mo	toring offences					
PERSONS INJU	JRED IN INSURED	/EHICLE (Please remember to ad	vise the Road Accide	ent Fund)			
	Name Driver or Passenger		Details of	Details of injuries		Name of hospital if applicable	
N					anr		
N	idine				арр	лісавіе	
N			-		арқ	Jiicable	
N			-		арр	лисаше	



Name of driver Owner's address Insurance Details Policy no. Contact no. VEHICLE 2 Make and model	Year Name of owner	Registration no.	
Make and model Name of driver Dwner's address nsurance Details Policy no. Contact no. Make and model Name of driver	Name of owner Contact no. Insurance company	Registration no.	
Name of driver Owner's address Insurance Details Policy no. Contact no. VEHICLE 2 Make and model	Name of owner Contact no. Insurance company		
Owner's address Insurance Details Policy no. Contact no. VEHICLE 2 Make and model	Contact no. Insurance company		
Policy no. Contact no. WEHICLE 2 Make and model	Insurance company		
Policy no. Contact no. WEHICLE 2 Make and model	Insurance company		
/EHICLE 2 Make and model	. ,		
VEHICLE 2 Make and model	Contact person		
Name of driver			
Name of driver	Year	Registration no.	
	Name of owner		
Owner's address	Contact no.		
nsurance Details			
Policy no.	Insurance company		
Contact no.	Contact person		
DAMAGE TO PROPERTY (NON-MOTOR)			
Name of Owner Addres	ss of Owner	Details of	Damage
WITNESSES (This section is compulsory for recovery purposes)			
Name Address	Contact Det	ails Passe	enger (YES/NO



ACCIDENT DETAILS	i					
DAMAGE						
Area of damage to	own vehicle					
Estimate for repairs	s or attach quotation	R				
Repairer's name				Contact no.		
Address						
Date of accident (D	D/MM/YYYY)			Time of accident	(hh:mm)	
Physical address w	here accident occurred	d				
Speed:						
Before accident			Moment of imp	pact		
Conditions: (pleas	e 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 atter	nd the scene				YES	NO
Name of police/tra	ffic officer who record	ed details of accident				
Police station			Reference no.			
Date reported to th	ne police					
Was the driver test	ed for alcohol/drugs				YES	NO
		Full descripti	on 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.)				
signs in vicinity of sectic of accident.)				
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.				
PROTECTION OF PERSONAL INFORMATION				
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 document. We will treat this information with caution and we have put reasonable security measures in place to protect it.				
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.				