GARRUN GROUP

**CLAIM NUMBER:** *To be completed by broker*

# MOTOR ACCIDENT CLAIM FORM

**POLICY NUMBER:**

**INSURANCE BROKER:**

## Insured

Company name or surname and initials (*Enter the Full name of the Insured Below*):

Company registration number:

Identity number:

Occupation or business:

Physical address:

Postal address:

Telephone numbers:

Business: Cell:

Home: Fax:

## Vehicle

Vehicle details

Make: Registration:

Model & Year: Value:

Chassis or Vehicle Identification Number / VIN No.:

In whose name is the vehicle registered?

State name and account number of Finance Company (If Applicable)

Name: Account No.:

## Damage

Damage to own vehicle: Yes No

Estimate for repairs or attach quotation:

Repairer's name and telephone number:

Where can your damaged vehicle be inspected?:

## Driver

Full Name:

Residential Address:

Occupation:

Identity number:

Drivers licence:

State fully the purpose for which the vehicle was being used:

Was the driver driving with your permission?: Yes | No

Was the driver in your employ?: Yes | No

Does the driver have any motor insurance on own car? : Yes | No

If yes, state Policy no. and Insurance Company:

Details of any convictions for motoring offences:

Has the drivers licence ever been endorsed?: Yes | No

Does the driver have any physical defects?: Yes | No

Details of previous accidents:

## Passengers (Insured Vehicle)

Passengers in insured vehicle

| Name | Residential address | Injury |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

For what purposes were they carried?

Are they employees of the insured? Yes | No

## Other Party

Personal injuries (other than in the insured vehicle)

| Name of injured | Relationship to accident, e.g. driver, passenger, etc. | Details of Injuries | Name of Hospital, if applicable |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**This accident must be reported to the Road Accident Fund ("Fund") using the special accident report form (RAF3) within 14 days if there is any likelihood of injuries; otherwise, the Fund may be able to recover from you. The Fund's Website address is www.raf.co.za**

Other vehicles

| **Registration No.** | **Make** | **Name & address of owner & driver** | **Details of damage** |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Damage to Property other than vehicles

| **Name and address of the owner** | **Details of damage** |
|---|---|
| | |
| | |
| | |

## Witnesses

| Name: | Name: |
|---|---|
| Address: | Address: |
| | |
| Telephone No.: | Telephone No.: |

## Accident Details

Date: ______ Time: ______ Place: ______

Speed Before accident ______ kph Moment of accident ______ kph

Weather conditions: ______ Visibility: ______

Road surface: ______ Which vehicle lights were on?: ______

Street lighting: ______

Was any warning given by you e.g. hooting, indicators, etc.? Yes | No ______

## Police

Police Station name, reference number and date reported: Date: ______

Police Station: ______ Reference Number: ______

Was the driver tested for alcohol or drugs? Yes | No ______

## Description of Accident

Sketch of Accident *(If Necessary Use A Separate Page)*

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 the vicinity of the scene of the accident.

**Insurers share information with each other regarding domestic policies and claims to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.**

## Payment Method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of Bank: ____________________ Branch Name: ____________________

Name of Account Holder: ____________________ Branch Code: ____________________

Type of Account: ____________________ Account No.: ____________________

## Declaration

We solemnly declare that we have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in our possession immediately prior or during the said loss/ damage which occurred in the circumstances described above. We confirm that all the questions were completed honestly and fully by us. We understand that the accuracy and effectiveness of this Claim Form are dependent on the quality and accuracy of the information We provide.

Driver's Signature: ____________________ Date: ____________________

Insured's Signature: ____________________ Capacity: ____________________ Date: ____________________

**NB. YOU MUST NOTIFY THE INSURERS IMMEDIATELY IF YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND**