

van Flymen & Associates (Pty) Ltd.



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MOTOR ACCIDENT CLAIM FORM

INSURER		INSURER		INTERNAL		
POLICY NO.		CLAIM REF				
INSURED	Name and Occupation					
	Identity Number					
	Address and (Day) Phone Number					
	E-mail Address					
	Contact Person					
VEHICLE	Make	Year	Gross Vehicle Mass	Kilometres completed		
	Registration	Value	Model and Year	Date of purchase & price paid		
	In whose name is the vehicle registered?		Name of Finance Company if applicable			
	Damage to own vehicle					
DAMAGE	Estimate for repairs or attach quotation					
	Repairer's name address and telephone number					
	Where can your damaged vehicle be inspected?					
	Full Name					
DRIVER	Address					
	Occupation					
	Identity Number					
	Driving Licence	No <input type="checkbox"/>	Date	Place	Code	Full <input type="checkbox"/> Learner <input type="checkbox"/>
	State fully the purpose for which the vehicle was being used					
	Was he/she driving with your permission?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Was he/she in your employ?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Is he/she owner of another vehicle?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Name of Insurer and policy number, if applicable.			
	Details of any convictions for motoring offences					
	Has licence ever been endorsed?	YES <input type="checkbox"/> NO <input type="checkbox"/>				
	Has he/she any physical defects?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Give details if applicable			
	Details of previous accidents					
	PASSENGERS (Insured vehicle)	Name		Address		Injury
	
.....			
For what purpose were they carried?			Are they employees?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

<p>SKETCH OF ACCIDENT (If necessary use seperate page)</p>	<p>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.</p>
<p>LICENCE INSPECTED</p>	<p>I have inspected the driver's licence and it is free of endorsements / endorsed as shown. Please attach copies of driver's licence and page 1 of driver's identity document.</p> <p>Signature.....Capacity.....</p>
<p>AUTHORITY FOR PAYMENT</p>	<p>It is recommended that any amount payable to you direct be trans- mitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this. Please provide the following information.</p> <p><i>NAME OF BANK</i>..... <i>ACCOUNT NO.</i>..... <i>NAME OF ACCOUNT HOLDER</i>..... <i>SIGNATURE OF ACCOUNT HOLDER</i> <i>BRANCH AND CODE NO.:</i>.....</p>
<p>DECLARATION</p>	<p>We hereby declare the foregoing particulars to be true in every respect.</p> <p>Signature of Driver Date</p> <p>Signature of Insured Capacity Date</p> <p>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION. INQUEST OR DEMAND.</p>