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MOTOR ACCIDENT CLAIM FORM

	INSURER				INSURER		INTERI			AL	
	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 Companif applicable									
	Damage to own vehicle										
끯	Estimate for repairs or attach quotation										
DAMAGE	Repairer's name address and telephone number										
	Where can your damaged vehicle be inspected?										
	Fu ll Name										
	Address										
	Occupation										
	Identity Number										
	Driving Licence	No	Date	Date Pla		ace Code		Full Learner			
	State fully the purpose for which the vehicle was being used										
DRIVER	Was he/she driving with your permission?	YES NO	Was he/sh employ?	ne in your	YES N	0					
R	Is he/she owner of another vehicle?	YES NO	Name of Ir and policy if applicab	number,							
	Details of any convictions for motoring offences										
	Has licence ever been endorsed?	YES NO									
	Has he/she any physical defects?	YES NO	Give of if app	details licable							
	Details of previous accidents										
	Name				Address			In	jury		
	PASSENGERS										
Vehiv	IN INSURED										
PASSENGERS (Insured vehicle)	VEHICLE			.							
	For what purpose were they carried?			I .		Are they empl	oyees?	YES		NO	
	*										

	OTHER VEHICLES	Registration No.	Make	Name and Address of Ow	ner and Driver	Details of damage			
OTHER PARTY									
	DDODEDT/		Name and Addre	ess of Owner		Details of damage			
	PROPERTY OTHER THAN								
	VEHICLES								
	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)	Name of Injured		Relationship to accident e.g. Driver, Passenger etc.	Details of injuries		Name of Hospital if applicable		
SSES	Name, Address and Phone number								
WITNESSES	Name, Address and Phone number								
	Date, Time								
	Place								
	Speed	Before accident		Kph	Moment of impact		Kph		
	a) Weather conditions b) Visibility	a)			b)				
	a) Road surface b) Width of road	a)			b)				
	a) Which vehicle lights were on? b) Street lighting	a)			b)				
	Was any warning given by you e.g. hooting, indicator, etc?								
	Police details	Name of Polic	ce/Traffic Officer wh	o recorded details of Accident.	Police station and Reference Number				
	Was driver tested for Alcohol or drugs?	YES N	0						
ACCIDENT									
ACCI									
	DESCRIPTION								
	OF ACCIDENT								
	7.55.5								

	SKETCH OF ACCIDENT (If necessary use seperate page)	Please show clear Give details of any	ly the point of impact and indicate the dire road safety signs or warning signs in vicir	ction of travel by arrows. ity of scene of accident.				
LICENCE INSPECTED	Please attach copies	driver's licence and it is free of endorsemen s of driver's licence and page 1 of driver's ide	entity document.					
AUTHORITY FOR PAYMENT	mitted by Electronic security reasons. If y following information.	at any amount payable to you direct be trans- Bank Transfer for speedier settlement and ou are agreeable to this. Please provide the	ACCOUNT NO					
DECLARATION	We hereby declare the aforegoing particulars to be true in every respect. Signature of Driver							
	Signature of Insured		Capacity	Date				
	N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION. INQUEST OR DEMAND.							