



MOTOR ACCIDENT CLAIM FORM

PLEASE COMPLETE IN FULL, SIGN AND FAX TO: 011 462-8981

INTERMEDIARY													
Aquarius Insurance Consultants						Policy No.							
INSURED'S DETAILS													
Name & Surname								Identity Number					
Occupation													
Physical Address													
Work Tel No.								Home Tel No.					
ACCIDENT DETAILS													
Date				Time				Place					
VEHICLE DETAILS													
Make					Tare				Vehicle Mass				
									Kilometres				
If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company below.													
In who's name is the vehicle registered?													
Exterior Colour								Interior Colour					
DAMAGE													
Damage to own vehicle													
Est. for repairs or attach quotation								Where can you damaged vehicle be inspected?					
REPAIRERS DETAILS													
Name								Telephone No.					
Address													
DRIVERS DETAILS													
Full Name								I.D. No.					
Address													
								Telephone No.					
Occupation								Date Of Birth					
Drivers License No.				Date Issued				Code					
								Full		Leaner			
Place of issue													
State fully the purpose for which the vehicle was being used													
Was he/she driving with your permission?								Was he/she in your employ?					
Has he/she any motor insurance on own car?								If yes state policy No. and company.					
Details of any convictions for motoring offences.													
Has license ever been endorsed?								Details of previous accidents					

DETAILS OF PASSENGERS IN INSURED VEHICLE CONT.			
Name		Address	
Injury			
Name		Address	
Injury			
Name		Address	
Injury			
Name		Address	
Injury			
For what purpose were they carried?			
Are they employees?			
DAMAGE TO OTHER VEHICLES			
Registration No.		Make	
		Name & address of driver	
		Name and address of owner	
Insurance company			Policy No.
Registration No.		Make	
		Name & address of driver	
		Name and address of owner	
Insurance company			Policy No.
Registration No.		Make	
		Name & address of driver	
		Name and address of owner	
Insurance company			Policy No.
DAMAGE TO PROPERTY OTHER THAN VEHICLES			
Name and address of owner			
Details of damage			
Name and address of owner			
Details of damage			
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)			
Name of injured			
Relationship of accident e.g. driver, passenger etc.			
Details of injuries			
Name of hospital if applicable			
Name of injured			
Relationship of accident e.g. driver, passenger etc.			
Details of injuries			
Name of hospital if applicable			
Name of injured			
Relationship of accident e.g. driver, passenger etc.			
Details of injuries			
Name of hospital if applicable			
WITNESSES			
Name, Address			Tel No.
Name, Address			Tel No.
Name, Address			Tel No.

