



MOTOR ACCIDENT CLAIM FORM

Every question must be answered fully (can be answered in English or Afrikaans),
 the abbreviation N/A should be used where the question is not applicable
 The company does not admit liability by the issue of this form.

INSURED		POLICY NO	
TELEPHONE NO. (DAY)		EMAIL ADDRESS	

VEHICLE							
MAKE		MODEL		YEAR		REGISTRATION NO.	

DAMAGE	
DAMAGE TO OWN VEHICLE	
ESTIMATE FOR REPAIR OR ATTACH QUOTATION	
REPAIRER'S NAME, ADDRESS, TELEPHONE NUMBER, EMAIL & FAX NUMBER	
WHERE CAN YOUR DAMAGED VEHICLE BE INSPECTED?	

DRIVER				
FULL NAME		ID NUMBER		
DATE OF BIRTH		TELEPHONE NUMBER		
ADDRESS				
DRIVER'S LICENCE NUMBER	DATE FIRST OBTAINED	CODE	FULL	
			LEARNER	
STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED				
WAS HE/SHE DRIVING WITH YOUR PERMISSION?				
HAS HE/SHE ANY MOTOR INSURANCE ON HIS/HER VEHICLE?				
DETAILS OF ANY CONVICTION FOR MOTORING OFFENCES				
IF YES, HAS LICENCE EVER BEEN ENDORSED?				

OTHER PARTIES INVOLVED IN CURRENT ACCIDENT			
PASSENGERS IN INSURED VEHICLE	NAME	ADDRESS	INJURY

OTHER VEHICLES INVOLVED				
REG NO.	MAKE / MODEL	COLOUR	NAME, ADDRESS OF OWNER AND DRIVER	TEL NO & ID NO
DETAILS OF DAMAGE				

Postal Address.
 Postnet Suite #L19
 Private Bag X37
 Lynnwood Ridge
 0040

Physical Address.
 Unit 52, Block 4
 Lombardy Business Park
 Corner of Cole and Graham Road
 Silver Lakes, Pretoria, 0054

Telephone.
 012 809 1062 / 078 460 3114
 Facsimile.
 012 809 1072 / 0866 909 971

email.
 scottpm@firstinternational.co.za
 web.
 www.firstinternational.co.za

Authorised Financial
 Services Provider.
 License number 16438

Reg number.
 1945/019293/07

VAT number.
 4110227818

Directors.
 Mrs. Patrizia Scott MD
 Dr. Gerrit Sandrock

MOTOR ACCIDENT CLAIM FORM



DAMAGE TO PROPERTY OTHER THAN VEHICLES			
NAME AND ADDRESS OF OWNER			
DETAILS OF DAMAGE			
PERSONAL INJURIES (OTHER THAN IN THE INSURED VEHICLE) FOR INFORMATION PURPOSES ONLY			
NAME OF INJURED	RELATIONSHIP TO ACCIDENT e.g. DRIVER	DETAILS OF INJURIES	NAME OF HOSPITAL - IF APPLICABLE
WITNESSES			
WITNESS 1	NAME	PHONE NUMBER	
WITNESS 2	NAME	PHONE NUMBER	
ACCIDENT DETAILS			
DATE		TIME	
SPEED BEFORE ACCIDENT			
WEATHER CONDITIONS			
POLICE DETAILS			
NAME OF POLICE OR TRAFFIC OFFICER			
POLICE STATION		REFERENCE NUMBER	
DATE REPORTED			
WAS DRIVER TESTED FOR ALCOHOL OR DRUGS?		RESULT OF TEST	
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ACCIDENT (USE EXTRA PAPER IF NECESSARY)			
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 the vicinity of the scene – (USE EXTRA PAPER IF NECESSARY))		
DECLARATION			
I / We hereby declare the foregoing particulars to be true in every respect			
SIGNATURE of DRIVER		DATE	
SIGNATURE of INSURED		DATE	
NB! IT IS IMPORTANT THAT YOU NOTIFY THE INSURER IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OF CLAIM			