

MOTOR CLAIM FORM

This form is required in order to assess a potential claim under a policy of insurance. Issue and completion of this form does not in any way imply, construe or admit liability by the Insurer. Only a fully completed form can receive our further consideration. All claims to be reported to newclaims@smartsure2020.co.za

Policy Number _____

INSURED

Name _____ Business description _____

Email address _____ Day tel no. _____

Physical Address _____

VEHICLE

Make _____ Tare _____ Vehicle mass _____ Km completed _____

Reg number _____ Value _____ Model and year _____ Date of purchase price _____

VIN number _____ Engine number _____ Colour _____ Date of license renewal _____

If vehicle subject to hire purchase, credit or leasing agreement, state name, account number and address of finance company:

In whose name is the vehicle registered? _____

GLASS DAMAGE

Windscreen tinted or clear? _____ Shatterproof or armourplate? _____

Full description of broken or lost glass (cracked or shattered?) If lost, how lost? _____

Any sign writing on broken or lost glass? _____

Is the broken or lost glass covered by any other insurance? If so, give name of insurer _____

OWN DAMAGE

Damage to own vehicle? _____

Estimate for repairs? _____

Is the vehicle driveable? YES NO

Where can the damaged vehicle be inspected? _____

Repairer's name, address and telephone number _____

DRIVER

Full name _____

Address _____

Occupation _____ Identity number _____

Driving license _____ Number _____ Place issued _____ Code _____ Full Learner _____

State the full purpose for which the vehicle was being used _____

Was he/she driving with your permission? YES NO

Was he/she in your employ? YES NO

Is he/she the owner of another vehicle? If yes, give name of insurer, policy number _____

DRIVER (cont.)

Details of any convictions for motoring offences _____

Has licence ever been endorsed? _____

Has he/she any physical defects? _____

Details of previous accidents _____

PASSENGERS (Insured vehicle)

Passengers in insured vehicle

Full name _____

Address _____

Injury _____

For what purpose were they carried? _____

Are they employees? YES NO

THIRD PARTY

Other vehicles

Make and registration number _____

Driver name _____

Driver Identity no _____ Telephone no _____

Owner name _____

Owner Identity no _____ Telephone no _____

Details of damage _____

PASSENGERS

Property (not vehicles)

Owner name _____

Address _____

Telephone _____ Identity no _____

Details of damage _____

Personal injuries (in other vehicles)

Injured name _____

Address _____

Telephone _____ Identity no _____

Relationship to accident eg. Driver, passenger etc _____

Details of injuries _____

Name of hospital (if applicable) _____

WITNESSES

Name _____
 Address _____
 _____ Day tel no _____

ACCIDENT DETAILS

Before accident

Date _____ Time _____ Place _____
 Speed _____ Weather conditions _____
 Visibility _____ Road Surface _____ Road Width _____
 Were the vehicle lights on? YES NO
 Were the street lights on? YES NO
 Any warning signs on the road? YES NO

After accident

Date _____ Time _____ Place _____
 Speed _____ Weather conditions _____
 Visibility _____ Road Surface _____ Road Width _____
 Were the vehicle lights on? YES NO
 Were the street lights on? YES NO
 Any warning signs on the road? YES NO

POLICE DETAILS

Was the driver tested for alcohol or drugs? _____
 Was the third party tested for alcohol or drugs? _____

Any warning signs on the road?	Yes	No	Yes	No
POLICE DETAILS	Name of traffic officer		Police station and case number	

DESCRIPTION OF ACCIDENT

SKETCH OF ACCIDENT

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details.

STOLEN/ HI-JACK

Date _____ Time _____ Place _____

Police Station _____ Case no _____

Date reported _____ Reported by _____

Circumstances (attach separate page if necessary) _____

Was the vehicle locked? If not, for what reason? _____

Details of stolen accessories (Please attach invoices). Are these separately insured? _____

Anti-theft vehicle recovery device details

Make _____ Fitted by _____ Date _____

PLEASE ATTACH PROOF OF DEVICE

Details of window markings _____ Number _____ Applied by whom? _____

Details of scratches, dents, defects _____

Details of other features which could assist identification _____

PLEASE PROVIDE THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE

AUTHORITY FOR PAYMENT

It is recommended that any amount payable to you direct be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please provide the following information.

ASSIGNMENT

I / we acknowledge that the party hereby authorised to effect a credit against my / our account may not cede or assign any of its rights at any third party without my / our prior written consent and that I / we may not delegate any of my / our obligations in terms of this contract / authority to any third party without prior written consent of the authorised party.

Name of bank _____ Name of account holder _____
 Account number _____ Branch number _____
 Signature _____

INFORMATION SHARING - CONSENT OF INSURED

You agree to share your information.

1. I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the best interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
2. I waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me, This is on my own behalf as well as on the behalf of any person I represent in terms of this insurance policy.
3. I acknowledge that the Insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
4. I consent to such information being disclosed to any other insurance company or its agent
5. I acknowledge that the information may be verified against legally recognised sources or database.

DECLARATION

I/ we hereby acknowledge that Sasfin HRS (Pty) Ltd may make an enquiry , where applicable, to the South African Crime Burea or their authorised representatives to obtain any information or detail as being reported on this claim form.

I/ we hereby declare that the afore going particulars to be true in every respect.

Signature of driver _____ Date _____

Signature of insured _____ Date _____

Please provide copies of drivers licence and page 1 of drivers identity document.

N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.