



MOTOR ACCIDENT & THEFT CLAIM FORM

Insured

Policy No.	
Name of insured	
Tel (cellphone)	Tel (business)
Address	
Occupation	

Vehicle

Make	Tare
Model	Gross Vehicle Mass
Odometer Reading	Registration No
Engine No	VIN No
Value	Date of purchase
Purchase price R	
If vehicle is subject to a Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company:	

Damage

Damage to own vehicle

Driver

Full Name	ID Number
Foreign National <input type="checkbox"/>	- if 'yes': Do you have SA residency? <input type="checkbox"/>
- if 'yes': Date SA residency obtained	
Address	
Tel (cellphone)	
State fully the purpose for which the vehicle was being used	



Was the vehicle being used with your permission?		
Was the driver in your employ?		
Has the driver any motor insurance?		
If YES, please state Policy No		Insurer
Details of any convictions for motoring offences		
Has licence been endorsed?		
Does the driver have any physical defects?		
Details of previous accidents		
Advanced Driving Course? (If yes please attach certificate)		

Passengers details (in insured vehicle)

1. Name and surname	Address	Injury
	Email address	Tel
2. Name and surname	Address	Injury
	Email address	Tel
3. Name and surname	Address	Injury
	Email address	Tel
4. Name and surname	Address	Injury
	Email address	Tel
For what reason were they being transported?		
Are they employees?		

Other party details

Damage to other vehicle

Name of owner	ID Number
Name of driver	ID Number
Tel	Email
Address	
Details of damage	
Type of usage	Reg. No.
Make / Model	
Colour of vehicle	

Name of owner	ID Number
Name of driver	ID Number
Tel	Email
Address	
Details of damage	
Type of usage	Reg. No.
Make / Model	
Colour of vehicle	



Other party details

Name of owner		ID Number
Name of driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model
Colour of vehicle		

Name of owner		ID Number
Name of driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model
Colour of vehicle		

Damage to property other than vehicles

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Personal Injuries (other than in Insured vehicles)

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address



Other party details

Details of injuries	
Name of hospital (if applicable)	



Witness

Name		Tel	
Address			
Date	Time	Place	
Name		Tel	
Address			
Date	Time	Place	
Name		Tel	
Address			
Date	Time	Place	

Theft

Was vehicle locked?		
Who has the keys?		
Police station	Police Case number	
Colour	Chassis number	
Details of accessories stolen		
Anti-theft device?		

Incident details

Date	Time	Province
Intersection	Suburb	
Speed before accident	Speed on impact	
Weather conditions	Visibility	
Road surface	Width of road	
Which vehicle lights were on?	Street lighting	
Was any warning, e.g. hooting, indication etc. given by you?		
Police Case No.	Police station	
Was the driver tested for alcohol or drugs?		Result of test
Description of accident (include intersection)		



Incident details

Sketch of Accident (if necessary, please use a separate page).

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety or warning signs in the vicinity of the scene of accident.



Declaration

Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database and used by other insurance companies as explained above. This includes information regarding the renewal or continuation of your policy or any claim that you may submit;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

Processing Consent:

By making use of our services, products and service channels, I explicitly agree and consent that Ami Underwriting Managers may process my personal information (which includes special personal information) for the purposes as described in the [Privacy and Security Policy](#). Please note that if you are acting on behalf of the proposer / policyholder in any capacity, by signing, you explicitly confirm that you have the written/recorded authority and/or mandate to act on their behalf.

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Signature of driver

Date



Signature of insured	Date <input type="text"/>
Capacity	
NB. It is important that you notify Insurers immediately you become aware of any impending prosecution, inquest or demand	

