

MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

INSURER

Policy

INSURED

Name

Address

Phone number

Business or occupation

Contact numbers

Tel

Cell

VEHICLE

Vehicle Details

Year

Make

Tare

Date Purchased

Price Paid

Gross Vehicle Mass

Model

Registration

Value

Kilometers completed

If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and tel. number of Finance Company:

Name of Institution

Address

Account Number

Contact Numbers

Did you arrange the towing through the Renasa Assist call centre, if so provide reference number:

Reference number

If you did not arrange the towing through Renasa Assist, please indicate why not:

Is the vehicle subject to motor plan or warranty? (Mark with "X")

Yes

No

Is vehicle driveable?

Yes

No

Is vehicle incurring storage costs at present?

Yes

No

If yes, please indicate vehicle location:

DAMAGE		
Damage to own vehicle		
Estimate for repairs or attach quotation		
Repairer's name, address, and telephone number		
Where can your damaged vehicle be inspected?		
DRIVER		
Full name		
Occupation		
Date of Birth		
Contact Numbers		
Address		
Drivers license	No. / Code	Date of first issue
	Place	Code
Full license or learners		
State fully the purpose for which the vehicle is being used		
Was he/she driving with your permission?	Yes	No
Was he/she in your employ?	Yes	No
Has he/she any motor insurance on own car?	Yes	No
If yes, state the Policy Number and Company		
Has license ever been endorsed?		
Has he/she any physical defects?		
(a) Details of any convictions for motoring offences		
(b) Details of previous accidents and losses		

PASSENGERS (INSURED VEHICLE)

Passengers in insured vehicle	Name	
	Address	
	Injury	
	Name	
	Address	
	Injury	
For what purposes were they carried?		
Are they employees?	Yes	No

OTHER PARTY

Damage to other vehicles	Make and model	Registration number	
	Name and address of owner		
	Name and address of driver		
	Details of damage		
	Is the vehicle insured?	Yes	No
	Insurance Company	Policy Number	
Damage to property other than vehicles	Name and address of owner		
	Details of damage		
Personal injuries (other than in the insured vehicle)	Name of injured	Details of injuries	
	Relationship to driver, passenger etc.	Name of hospital	
Personal injuries (other than in the insured vehicle)	Name of injured	Details of injuries	
	Relationship to driver, passenger etc.	Name of hospital if applicable	
Personal injuries (other than in the insured vehicle)	Name of injured	Details of injuries	

	Relationship to driver, passenger etc.	Name of hospital if applicable	
WITNESS			
Name			Contact Numbers
Address			
ACCIDENT			
Date			Time
Place			
Speed	Before accident km/h	Moment of impact km/h	
Weather conditions			Visibility
Road surface			Width of road
Which vehicle lights were on			Street lighting
Was any warning give, e.g. hooting; indicating etc.			
Police details: Name of Police/Traffic Officer who recorded details of incident	Name	Police station	Reference No.
Was driver tested for alcohol or drugs?	Yes		No
Description of accident			

SKETCH OF ACCIDENT (If necessary, use a separate page)	Please clearly show the point of impact and indicate the direction of travel using arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.

Your authorisation to your insurer:

In order to provide you with the required service we are required to process your personal information and will do so lawfully in accordance with our business requirements and legal obligations. You acknowledge that the personal information may be verified and/ or processed for insurance, financial services and risk management purposes by our Group of companies against any other reasonable and legitimate sources or databases to ensure the accuracy and completeness of any personal information provided on an ongoing basis. We will process your personal information for the following purposes:

- Quoting, underwriting, pricing, servicing and executing of insurance and other financial services;
- Assessment of financial and insurance risks;
- Assessment and processing complaints;
- Development and improvement of products and services;
- Credit references and/or verification of personal information;



- Fraud prevention and detection;
- Market research and statistical analysis;
- Audit & record keeping;
- Compliance with legal & regulatory requirements;
- Sharing of information with service providers and other third parties we engage to process such information on our behalf or who we render services to us; and
- Sharing of insurance and claims information with other insurers and industry bodies for legitimate reasons such as fraud prevention and claims validation.

We may transfer your personal information outside the borders of South Africa if required to provide any of the services. You may access your personal information that we hold and may object to the processing of your personal information or request us to correct any errors or to delete this information if there is no legitimate reason for us to maintain the information.

Please view our privacy and access to information manual on our website for further information.

Details of the Information Regulator of South Africa: 010 023 5200 / enquiries@info regulator.org.za

DECLARATION

We hereby declare the foregoing particulars to be true in every respect.

Signature of driver _____ Date: _____

Signature of insured _____

Capacity _____ Date: _____

