

Motor Accident Claim Form

SPECIAL NOTICE

This insurance policy is based on the statements below, made by the proposer or by his/her broker. Any misrepresentations or non-disclosure may repudiate any liability of a claim made against the insurer. If you are in doubt of any question, please supply further information under the remarks section, otherwise it will be taken that you fully understand all the details on this proposal and have completed and understand all questions asked. The proposer must initial the bottom of all pages on this proposal. This contract will not be valid if any of the pages are not initialled by the insured.

Broker Detail

Broker : _____ Inception Date : _____ Policy No. : _____

Personal Details of the Proposed / Insured

Year: _____ Full Names / Surname : _____

ID No: _____ Tel No. (W) : _____ Tel No. (H) : _____

Tel No. (C) : _____ Email : _____

Address : _____

Risk Address : _____

Insured Vehicle

Title : _____ Registration No. _____ Make: _____

Model: _____

Vin No: _____ Engine No: _____

Registered Owner: _____ Registered Owner ID: _____

Regular Driver: _____ Regular Driver ID: _____

Regular driver marital status: _____ Regular driver relationship to insured: _____

Address: _____

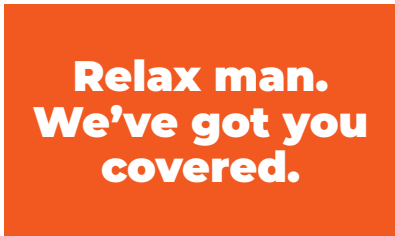
Is the Vehicle subject to a hire purchase or leasing agreement? Yes: No:

If yes, please indicate why not: _____

Account Nr: _____ Contact No.: _____

Did you arrange the towing through the policy assist call centre: Yes: No:

If no, please indicate why not: _____



Is the vehicle subject to a motor plan or warranty? Yes: No: is the vehicle drivable? Yes: No:

Is the vehicle incurring storage cost? Yes: No:

If yes, please indicate vehicle location: _____

Damage

Area of damage to the own vehicle: _____

Estimated repairs (please supply quotation): _____

Repair Name: _____ Contact No. : _____

Address: _____

Where can the vehicle be inspected? _____

Driver

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

Occupation: _____ Who is the regular driver of this vehicle? _____

Address : _____

_____ Code: _____

Purpose for which the vehicle was used? Private: Business: was he/she driving with your permission? Yes: No:

Does the driver have any insurance on his/her own car? Yes: No:

If yes, policy number: _____ insurance company: _____

Has license ever been endorsed? _____

Has he/she any physical defects? Yes: No:

If yes, please specify: _____

Details of any convictions from motoring offence: _____

Details of previous accidents and losses: _____

Passengers (Insured Vehicle)

1.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

**Relax man.
We've got you
covered.**

First 4 Men Insurance Brokers (PTY LTD) | Company registration number: 2008/020612/07
Authorized Financial Services Provider: FSP No: 39313 | Contact details: 087 114 8000
Address: Unit 8, First Floor, Central Park, 13 Esdoring Street, Highveld Techno Park, 0157

Details of injuries: _____

Name of hospital: _____

Address: _____

For what purposes were they carried: _____

Are they employees? Yes No

Were they a: Driver Passenger

2.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

Details of injuries: _____

Name of hospital: _____

Address: _____

For what purposes were they carried: _____

Are they employees? Yes No

Were they a: Driver Passenger

3.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

Details of injuries: _____

Name of hospital: _____

Address: _____

For what purposes were they carried: _____

Are they employees? Yes No

Were they a: Driver Passenger

Passengers (Third person vehicle)

1.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

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Address: Unit 8, First Floor, Central Park, 13 Esdoring Street, Highveld Techno Park, 0157

Details of injuries: _____

Name of hospital: _____

Are they employees? Yes No

Were they a: Driver Passenger

2.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

Details of injuries: _____

Name of hospital: _____

Are they employees? Yes No

Were they a: Driver Passenger

3.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

Details of injuries: _____

Name of hospital: _____

Are they employees? Yes No

Were they a: Driver Passenger

Other parties

1.

Year: _____ Registration No. _____ Usage: Private Business

Make: _____ Model: _____

Vin No: _____ Engine No: _____

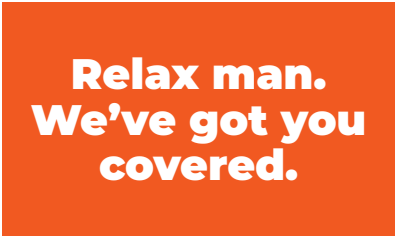
Registered Owner: _____ Registered Owner ID: _____

Regular Driver: _____ Regular Driver ID: _____

Regular driver marital status: _____ Regular driver relationship to insured: _____

Address Owner: _____

Address Driver: _____



Insurance Detail:

Policy number: _____ Insurance Company: _____

Contact number: _____ Contact Person: _____

2.

Year: _____ Registration No. _____ Usage: Private Business

Make: _____ Model: _____

Vin No: _____ Engine No: _____

Registered Owner: _____ Registered Owner ID: _____

Regular Driver: _____ Regular Driver ID: _____

Regular driver marital status: _____ Regular driver relationship to insured: _____

Address Owner: _____

Address Driver: _____

Insurance Detail:

Policy number: _____ Insurance Company: _____

Contact number: _____ Contact Person: _____

Witness

1.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____

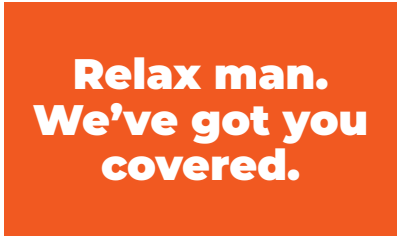
Capacity: _____

Address: _____

2.

Title: _____ Full name/surname: _____

ID No: _____ Tel No. (C) : _____



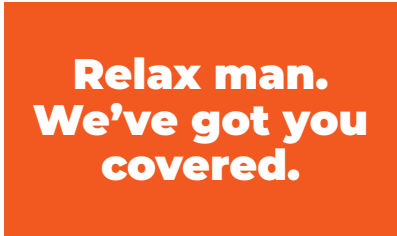
Declaration:

We hereby declare all particulars to be true in every respect.

Insured's Signature: _____ Capacity: _____ Date: _____

Driver's Signature: _____ Capacity: _____ Date: _____

NB. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand.



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