

INSURANCE UNDERWRITING MANAGERS

"Advanced Insurance Solutions"

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Insurance Underwriting Managers (Pty) Ltd. is an authorised Financial Services Provider. FSP No 21820 Reg No 2004/022210/07 VAT No 4870217959



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Ground Floor, The IUM Building
17 Bradford Rd., Bedfordview 2007
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MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

Policy No:		Claim No:			
Insured	Name and Occupation				
	Address and Day Tel. No				
	Identity Number / VAT Number				
Vehicle	If vehicle subject to Hire Purchase, Credit or Leasing Agreement	Make	Tare	Gross Vehicle Mass	Kilometers Completed
		Registration	Value	Model and Year	Date of Purchase
	State name, address and account number of Finance Company				
	Chassis / VIN Numbers				
	In who's name is vehicle registered?				
Damage	Damage to own vehicle?				
	Estimate repairs or attach quote				
	Repairer's name, address and contact phone numbers				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers License				
	State fully the purpose for which vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Has he/she any motor insurance on own car? If yes state policy no. and company				
	Details of any convictions for motoring offences				
	Has license ever been endorsed?				
	Has he/she any physical defects?				
	Details of previous accidents				
Passengers (Insured Vehicle)	Name		Residential Address		Injury
Passengers in insured vehicle					
For what purpose were they carried?					
Are they employees?					

	Personal injuries (other than in insured vehicles)	Name of injured	Relationship to accident e.g.	Details of injuries	Name of Hospital if applicable					
This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF #) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Funds address is PO Box 2743, Pretoria 0001										
Vehicle	Other vehicles	Reg No.	Make	Name and address of owner and driver	Telephone number	Details of damage				
Property other than vehicles	Name and address of owner			Details of damage						
Witnesses	Name, address and Telephone Number									
	Name, address and Telephone Number									
Accident	Date / Time / Place									
	Speed	Before accident		Moment of impact kph						
	a) Weather conditions b) Visibility	a)		b)						
	a) Road surface b) Width of road	a)		b)						
	a) Were vehicle lights were on? b) Street lighting	a)		b)						
	Was any warning given by you, e.g. hooting, indicators etc.?									
	Police details	Name of Police/Traffic officer who recorded details of accident		Police station and reference number						
	Was driver tested for alcohol or drugs?									
	Description of accident									

Sketch		<p>Sketch of accident (If necessary use separate page)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs in the vicinity of scene of accident.</p>
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Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.			
	Name of Bank:		Branch:	
	Name of account:		Account No:	

License inspected	I have inspected the drivers license and it is free of endorsements / endorsed as shown.	
	_____ Signature	_____ Capacity

Declaration	I/We hereby declare the foregoing particulars to be true in every respect.		
	_____ Signature of driver	_____ Date	
	_____ Signature of insured	_____ Capacity	_____ Date

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