



# GARY LEECH INSURANCE BROKERS

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## MOTOR ACCIDENT CLAIM FORM

### 1. INSURED INFORMATION

Name :

Contact Tel No :

e-mail :

### 2. VEHICLE DETAILS

Year :

Make :

Model :

Reg no:

Reg Owner :

Kilometers :

### 3. ACCIDENT INFORMATION

Date :

Time :

Place :

Speed

Before Accident : kph

Moment of impact : kph

Weather conditions

Fair

Rain

Hail

Snow

Visibility

Good

Poor

Road surface

Tar

Other

DESCRIPTION OF ACCIDENT

SKETCH OF ACCIDENT  
\* THIS SECTION MUST BE COMPLETED

Please indicate the following in the sketch:

- The insured & TP vehicles with the use of symbols (e.g. A, B, C)
- Point of impact
- Indicate directions of travel by arrows
- Details of any road safety signs/warnings

#### 4. DRIVER DETAILS

Full Name :	ID No :	Contact No :
Driving license No. :	Code :	<input type="checkbox"/> Full <input type="checkbox"/> Learners
The purpose for which the vehicle was being used :	<input type="checkbox"/> Private	<input type="checkbox"/> Business <input type="checkbox"/> Both

#### 5. POLICE DETAILS

Police Reference No. :	Date reported :	Station :
Alcohol & Drug Testing	Alcohol : <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide the results :
	Drugs : <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please provide the results :

**\*ACCIDENTS MUST BE REPORTED TO THE SAPS WITHIN 24 HRS OF THE INCIDENT**

#### 6. PASSENGERS

	Names	Contact Number	Employee
1			<input type="checkbox"/> YES <input type="checkbox"/> NO
2			<input type="checkbox"/> YES <input type="checkbox"/> NO
3			<input type="checkbox"/> YES <input type="checkbox"/> NO

#### 7. OTHER PARTIES

##### 7.1 THIRD PARTY VEHICLE/S

Full Name & ID no. of driver AND owner of the vehicle (if different to the driver)	Contact no.	Reg No.	Insurance Details (Insurance company/broker & Policy No.)

##### 7.2 THIRD PARTY PROPERTY DAMAGE

Was there any property damaged :	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide name & contact no. of owner :	

##### 7.3 WITNESSES (outside of the vehicle/parties involved)

Name	Contact no.	E-mail Address
Witness 1		
Witness 2		

**NB : YOU ARE NOT OBLIGED TO ADMIT RESPONSIBILITY**

#### 8. DECLARATION

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

----- Signature of Driver	----- Date	
----- Signature of Insured	----- Capacity	----- Date

**NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND**