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## MOTOR ACCIDENT CLAIM FORM

Name:		Insurer:				
Policy No.		Claim No.				
<b>INSURED</b>	Name & Occupation					
	Address & Day Telephone Number					
	ID No. / VAT No.					
<b>VEHICLE</b>	If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name, address and account number of Finance Company	Make	Tare	Gross Vehicle. Mass	Km completed	
		Registration	Value	Model & Year	Purchase Date	
	In whose name is the vehicle registered?					
<b>DAMAGE</b>	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairer's name, add. and telephone number					
	Where can your vehicle be inspected?					
<b>DRIVER</b>	Full name (driver)					
	Residential address					
	Occupation					
	Date of Birth and ID No.					
	Driving License	No	Date	Place	Code	Full/Learner
	State fully the purpose for which vehicle was being used					
	Was he/she driving with your permission? If yes, Relationship to owner					
	Was he/she in your employ?					

<b>DRIVER</b>	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				
<b>PASSENGERS</b>	PASSENGERS IN INSURED VEHICLE	Name	Residential address	Injuries	
For what purposes were they carried?					
Are they employees?					
<b>OTHER PARTY</b>	Personal Injuries (other Than in insured Vehicles)	Name of Injured	Relationship to accident e.g. Passenger/Driver	Details of Injuries	Name of Hospital, if applicable
	Other Vehicles	Registration No.	Make	Name & Address of owner and driver	Details of Damage
Property other Than vehicles	Name & Address of Owner		Details of Damage		
<b>WITNESS</b>	Name, Address and Telephone No.				
	Name, Address and Telephone No.				
<b>ACCIDENT DETAILS</b>	Date, Time & Place				
	Speed	Before Accident :	kph	Moment of impact kph	
	a)Weather Conditions b)Visibility	a)		b)	
	a)Road Surface b)Width of road	a)		b)	
	a)Which Vehicle lights were on? b)Street Lighting	a)		b)	
	Was any warning given by you e.g. hooting, indicators, etc? (tick or click in applicable box)	<input type="checkbox"/> Yes <input type="checkbox"/> No			

ACCIDENT DETAILS	Police Details	Name of Police/Traffic Officer who recorded details of accident.	Police Station & Reference No.	Date Reported	
	Was the driver tested for alcohol or drugs?		If tested, state result & conviction ( if applicable)		
	Description Of Accident				
Sketch of Accident (if necessary use separate page)					
Who in your Opinion was to blame for the accident and why?					
DECLARATION	<p>I/We declare that to the best of my/our knowledge the above statements are truly made:-  .....  Signature  Signature of Insured ..... Capacity..... Date.....  Print Name of Insured  .....  Signature of Driver ..... Date .....</p> <p>Print name of Driver  .....</p> <p style="text-align: center;"><b>“FRAUDULENT CLAIMS WILL BE PROSECUTED”</b></p>				