

African Rand Underwriting Managers (Pty) Ltd.

Reg No: 2004/007797/07

Authorised Financial Services Provider FSB: 5742

49 Sophia Street

Fairland,

2030

P.O. Box 731986, Fairland, 2030

Phone: +2711 678-1354/5/6

Fax: +2711 678-1357



DOCUMENTS REQUIRED FOR MOTOR ACCIDENT CLAIM

- 1) Fully completed claim form, signed by client. (Sketch and description).
- 2) Copy of ID document and driver's licence of the driver.
- 3) 1 X quotation for the repair of damage.
- 4) Full details of other people involved in the accident, as well as witnesses.

In the event of the vehicle being a write off, the following documentation will be needed:

- 1) Keys & vehicle documents (manuals).
- 2) Original registration certificate.
- 3) Letter from the bank in respect of settlement figure.
- 4) Two signed change-of-ownership forms.

PLEASE NOTE THAT SHOULD YOU FAX THE DOCUMENTS TO US, WE STILL REQUIRE THE ORIGINAL DOCUMENTATION BEFORE A CLAIM CAN BE FINALISED.

PLEASE PHONE AFTER THE DOCUMENTATION HAS BEEN FAXED TO CONFIRM THAT ALL PAGES ARE LEGIBLE

Please remember that claims must be reported to us within 30 days of the date of loss.
If not, we are unable to entertain the claim.

Please enlarge the licence's both sides
and make it slightly lighter before faxing

MOTOR ACCIDENT CLAIM FORM

INSURED																
POLICY NUMBER		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>														
NAME AND SURNAME		Carr Deary														
ADDRESS		79b Goshawk Street, Wierda Park														
CONTACT NUMBERS		TEL	082 626 5537		FAX											
VEHICLE																
Make and model (e.g. Toyota Conquest 1.5 gl)		Year	Registration number	Value	Kilometers completed											
Chevy Utility 1.8			BT 95 TKGP	R	86 794 Km											
Date of purchase		Price paid														
		R 149 590														
Financing details	Financing company	Branch	Type of agreement	Account number	Amount											
	WESTBANK	Schmaltz														
DAMAGE																
Damage to own vehicle																
Estimate for repairs (attach quotation)		R 7424.25														
Repairer's name, address and telephone no.																
Cochmans, 150 Edward Ave, Hennops Park, Capetown																
Where can your damaged vehicle be inspected?																
79b Goshawk Street, Wierda Park, Pretoria																
DRIVER DETAILS																
Full name		Address		Identify number												
Carr Deary		79b Goshawk Street, Wierda Park		801028516x085												
Occupation		Telephone number														
Website Developer, IT		082 626 5537														
Drivers licence details:																
Full/Learners licence		Date first issued		Code												
		01/12/1998		B												
				Place of issue												
				Tolokwane												
State the purpose for which the vehicle was being used																
Commute Home - main Transport																
Was he/she driving with your permission?		YES / NO		Was he/she in your employ?												
		<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO		<input type="checkbox"/> YES / <input type="checkbox"/> NO												
Is he/she owner of another vehicle?		<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO														
If YES, provide name of insurer and policy number																
Details of any convictions for motoring offences																
NONE																
Has licence ever been endorsed?																
No																
Has he/she any physical defects?																
No																
Details of previous accidents																
PASSENGER DETAILS																
Passengers in insured vehicle	Name	Address			Injury											
For what purpose were they transported?																
Are they employees?																

ACCIDENT DETAILS			
Date, time and place accident occurred <u>02/09/2016 (16:03 PM) Meiring Naardie, Victoria</u>			
Speed - KPH:	Before accident <input type="checkbox"/> KPH	Moment of Impact <input type="checkbox"/> KPH	
Weather conditions?	<u>Day time / Sunshine</u>	Visibility?	<u>Clear</u>
Road surface?	<u>Asph + Smooth</u>	Width of road?	<u>Single lane</u>
Which vehicle lights were on?	<u>None</u>	Street lighting?	<u>Off</u>
Did you give any warning? (e.g. hooper, indicator) <u>NO</u>			
Police details	Name of officer who recorded details of accident	Police station	Police reference number
	<u>GARSFONTEIN</u>	<u>AR 154-09-2016</u>	
Was driver tested for alcohol or drugs? <u>NO</u>			
Full description of accident Please provide us With as much details as possible	<u>Accident took place on Meiring Naardie, Lyntonwood in Victoria.</u>		
	<u>I was in a long queue of cars in a single lane waiting for the robot to change. The single lane splits into two lanes.</u>		
	<u>My car was stationary, the driver behind me decided to change lanes and hit the back right of my car. The car hit my car with its front left bumper and side mirror.</u>		
	<u>I was stationary at the time.</u>		

PLEASE INDICATE CLEARLY THE POINT OF IMPACT AND INDICATE THE DIRECTION OF TRAVEL BY ARROWS. GIVE DETAILS OF ANY ROAD SAFETY SIGNS OR WARNING SIGNS IN VICINITY OF SCENE OF ACCIDENT.

SKETCH OF ACCIDENT
(if necessary use separate page)

Robot

Me

traffic direction

traffic direction

this person changed lanes and hit my car on the back right

LICENCE SECTION

I have inspected the driver's licence and it is free of endorsements/endorsed as shown.

(Please attach copies of driver's licence and page 1 of driver's identity document.)

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

I HEREBY AUTHORISE THE INSURANCE COMPANY TO OBTAIN THE POLICE ACCIDENT REPORT ON MY BEHALF,

Signature of driver

Date

19/09/2016

Signature of insured

Capacity

Date

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