

10. What were you using the vehicle for at the time of the accident?

DRIVER DETAILS

11. Who was driving the vehicle when the accident happened?

Drivers Full Name

Address

Contact Number

12. Driver's Licence Details

Licence Number

Learners

'P' Plate

Full

Years Licenced

Date of Birth

Licence Restrictions

13. Did the driver consume alcohol or take any drugs in the 12 hours prior to the accident?

No

Yes

what did the driver drink or what drugs did the driver take?

When?

How Much?

14. Has the driver been charged with or convicted of, a motoring offence or been disqualified from driving in the past five years?

No

Yes

State the reasons

15. Has the driver been charged with or convicted of, any criminal offences in the past 10 years?

No

Yes

State the reasons

16. Has the driver had any insurance refused or cancelled or any special conditions imposed by an insurer?

No

Yes

State the reasons

ACCIDENT DETAILS

17. When did the accident happen?

Date

Time

A.M

P.M

18. Where did the accident happen?

19. How did the accident happen?

Describe in detail the circumstances leading up to the accident and how the accident happened. It is important to be as accurate as you can. Please tell us all the facts, even if they are not in your favour. Tell us which driver you feel is at fault and why.

20. Was a trailer being towed at the time of the accident?

No

Yes

21. What were the road and weather conditions at the time of the accident?

Fine

Overcast

Raining

Storm

Hail

Other

a) Sealed Roadway

Wet

Dry

b) Unsealed Roadway

Wet

Dry

22. Please describe the damages to your vehicle

23. If we wish to inspect the vehicle, whom do we contact and where will the vehicle be?

Name

Telephone Number

Address where the vehicle is being kept

THIRD PARTY DETAILS

24. Full Name

Telephone Number

Address

25. Third Party Vehicle Details

Make, Model & Body Type

Registration Number

Year of Manufacture

Third Party Insurer

Policy Number

Claim Number

26. Please describe the damages to the third party vehicle

28. Were there any witnesses to the accident?

No Yes

Witness Details

Full Name

Telephone Number

Address

29. Did the fire brigade attend the accident?

No Yes

Officers Name

Name of Station

30. Was the accident reported to the police?

No Yes

Officers Name

Name of Station

Report Number

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of the insured or person with authority to
Sign for and on behalf of a company or partnership Date

Signature of the driver (if not the insured) Date