



Hollard

Underwritten by Hollard Insurance Company Limited
 Cross Country is an Authorized Financial Services Provider 39547
 Registration number: CK 2008/013847/07 | VAT Number: 4020252203
 Cross Country Insurance Consultants (PTY) LTD



Take us with you

MOTOR ACCIDENT CLAIM FORM

Company/Surname:		Initials		Title	
Policy Number		I.D. No		V.A.T. Reg. No	
Insured					
Name and Occupation					
Address and Day Tel No.					
Identity Number/VAT Number					
Vehicle					
Make	Registration	Model and Year		Kilometers completed	
State name, address and account number of Finance Company					
Chassis/VIN No.					
In whose name is the vehicle registered?					
Damage					
Damage area to own vehicle					
Indicate old damage on vehicle					
Estimate for repairs or attach quotation					
Repairer's name, address and telephone number					
Where can your damaged vehicle be inspected?					
Driver					
Full Name					
Residential Address					
Occupation					
Identity Number					
Drivers Licence	Month and year of expiry		Date of issue and code issued		
State fully the purpose for which the vehicle was being used					
Was he/she driving with your permission					
Was he/she in your employment					
Has he/she motor insurance on own car? If yes state Policy No. and Company					
Has license ever been endorsed?					
Has he/she any physical defects					

Details of previous accidents					
Passengers (Insured Vehicle)					
Passengers in Insured Vehicle	Name		Residential address		Injury
For what purposes were they carried?					
Are they employees?					
Other Party					
Personal injuries (other than in insured vehicles)	Name of injured		Relationship to accident e.g. driver, passenger etc	Details of injuries	Name of Hospital if applicable
Other vehicles	Registration		Make	Name of owner & driver	ID No.
	a)				
	b)				
	c)				
	Details of damage		Old damage	Address of owner & driver	Colour of vehicle
	a)				
	b)				
c)					
Property other than vehicles	Name and address of owner			Details of damage	
Independent Witnesses					
Name, address and Telephone Number					
Name, address and Telephone Number					
Accident					
Date time and 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 vehicles 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, case number and date reported	
Was driver tested for alcohol or drugs?					

Description of accident	

<p style="text-align: center;">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 or warning 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 Acc.		Acc. No.	

Licence Inspected

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

_____ Signature of Insured	_____ Capacity	_____ Date
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Declaration

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

_____ Signature of Driver	_____ Capacity	_____ Date
_____ Signature of Insured	_____ Capacity	_____ Date

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