Motor Accident Claim Form

Registration Number: M1993/004910/07

FSP No. 4348

Ground Floor, Coral House, 20 Peter Place, Lyme Park, Sandton | PO Box 803, Cramerview, 2060
Tel +27 (0) 11 463 0105 | Fax +27 (0) 11 463 0249

Insurer: AECI Captive Insurance

Policy Number: _____

Residential Address: _____

Contact Details: _____

Email Address: _____

Identity Number: _____

1. Company Details:

Company:	Division:
Contact Person	
Name and Designation:	Contact Number:

2. Insured Details:

Name of Insured:		
Business Address:		
Contact Number(s):	Occupation:	
Are you the Sole Owner of the Insured Vehicle?	Yes	No
If 'No', Name of the other Interested Parties:		
Is the Vehicle a Rental?	Yes	No

3. Insured Vehicle:

Vehicle Particulars			
Is the Vehicle still under Warranty?		Yes	No
Make and Model:			Year:
Registration Number:		Engine Number:	
Color:		Vin Number:	
Class of Vehicle			
Sedan	Hatchback	Motorcycle	Motor Tricycle
SUV		Heavy Motor Vehicle/Truck	
Other:			Trailer:
Tool of Trade	Car Allowance	Company Car	
Trailer Details			
Type and Make:	Year:	Registration Number:	
Additional Information			
State any Non-Standard Accessories / Modifications to the Motor Vehicle:			
State Type and Weight of Goods being Carried / Number of Passengers being Carried:			

4. Driver/Custodian:

Required Details			
Surname:	Full Name:		
Address:			
Contact Number:	Identity Number:		
License Number:	License Expiry Date:		
Years Licensed to Drive This Type of Vehicle:			
Occupation:			
Name of the Registered Owner of the Vehicle:			
Routine Questions			
Has the Driver ever been Refused Vehicle Insurance, or had a Policy Cancelled or not Renewed?		Yes	No
If 'Yes', Please Provide Details:			
Have you had any traffic convictions/traffic offences or been in any motor vehicle accidents in the past five (5) years?		Yes	No
If 'Yes', Please give Details:			
How Many Hours have you Spent Driving in the 48 Hours immediately Preceding the Accident?			
Did you Consume any Alcohol or take any Drugs during the 12 Hours, Prior to the Accident?		Yes	No
If 'Yes", State: What, How much and When:			
Did you Undergo a Breath Test or Blood Test for Alcohol or Drugs?		Yes	No
If 'Yes', what was the Result:			
Did you Refuse to Undergo any of the Above Tests?		Yes	No
Pre-existing Medical Condition			
Do you suffer from any Pre-existing Condition(s) (Injury, Illness, Sickness, Disease or Other Physical, Medical, Mental or Nervous Conditions, Disorder or Ailments		Yes	No
If you answered Yes, please advise the specific condition:			
Medical Practioners Details			
Full Name:	Contact Number:		

5. Accident Details:

Date of Accident:		Time of Accident:	
Place of Accident (Street Number and Name, Suburb, Town and Province):			
South African Police Station Accident Reported at:			
Accident Report Number:			
To the Best of your Knowledge Describe how the Accident or Theft Occurred:			
Please Draw a Plan of the Accident, show the Following if Possible: Street Names, Centre of the Roadway, Direction and Location of Vehicles and Road Signs, in the space provided below: Indicate your Vehicle as A, Indicate other Vehicles as B or C, etc.			
Estimated Speed of your vehicle, 30 Meters Prior to the Accident:			KPH
Estimated Speed of Your Vehicle on Impact:			KPH
Estimated Speed of the Other Vehicle, before the Accident			KPH
State of the Road	Dry	Wet	
Uphill	Downhill	Flat	
Can you Describe the Weather Conditions on the Day of the Accident?			
How was Visibility:	Good	Moderate	Poor

6. Damage to Insured Vehicle:

Please describe the Damage to your Vehicle:		
If Tyres are Damaged, what is the Approximate Mileage of your Tyres:		
Was Your Vehicle Towed Away?	Yes	No
If 'Yes", What is the name of the Towing company:		
Where is your Motor Vehicle currently located (Full Address)?		
Contact Person:	Contact Number:	

7. Police Questions:

Did the Police Attend the Accident Scene?	Yes	No
If 'Yes', Police Station Name:	CAS Number:	
Name or Persal Number of Police Official:		
Was this a Hit and Run?	Yes	No
Does Your vehicle have a Seatbelt?	Yes	No
Kindly Indicate whether you were Wearing a Seatbelt at the Time of the Accident:	Yes	No
Kindly Indicate whether you were Wearing a Helmet at the Time of the Accident (If Applicable):	Yes	No
Was the Driver of this vehicle under the influence of Alcohol or Drugs Prior to the Accident?	Yes	No
Is there any Suspicion of the other Driver(s) being under the Influence of Alcohol or Drugs?	Yes	No
Did the Police Charge the Driver or Suggest Action to be Taken Later?	Yes	No
Charge if Applicable:		

8. Witness and Passenger Information:

Witnesses information (If Any)			
Witness 1	**Witness 2**		
Full Name:	Full Name:		
Contact Number:	Contact Number:		
Address:	Address:		
Passengers in the Insured Vehicle (If Any)			
Passenger 1	**Passenger 2**		
Full Name:	Full Name:		
Contact Number:	Contact Number:		
Address:	Address:		
For what purpose where they carried:			
Are they employees?		Yes	No

9. Damage to Third-Party Vehicles/Property:

Description	**Vehicle / Property No.1**	**Vehicle / Property No.2**
Name of the Third-Party Driver:		
Address:		
Age:		
Phone Number:		
License Number:		
Vehicle Make and Model:		
Registration Number:		
Name of the Registered Owner:		
Address:		
The Other Insurance Company:		
Description of Damage:		

10. Motor Theft and Hijacking Section:

Date of Theft / Hijacking:	Time of Theft / Hijacking:	
Place of Incident:		
Police CAS No:	Police Station:	
Date Reported:		
Is the Vehicle fitted with any security devices?	Yes	No
If 'Yes', please provide details:		
Does the vehicle have any scratches, dents, defects and any hidden identification marks?	Yes	No
If 'Yes', please provide details:		
Was the Vehicle Locked?	Yes	No
If 'No', please give reason(s):		
To the best of your knowledge, please provide a description, which led to the incident:		

11. Payment Method:

You may select, for added Security, Payment of any amount due to you directly into a bank account:	
Bank:	Branch:
Branch Code:	Type of Account:
Name of Account:	Account Number:

12. Declaration:

By submitting this form, I declare that:		
a) The information and answers given above are true in every detail, to my knowledge and no information has been withheld or misrepresented.		
b) Warning, if you supply any false or misleading information and know that it is not true, Sigma Risk Solutions ("The Company") shall have the right to refuse your claim.		
c) Whilst the claim is under consideration. I/We consent to the vehicle being moved to Sigma Risk Solutions' preferred salvage provider for safekeeping.		
Name of Person completing this form (Please Print):	**Signature:**	**Date:**