



Broker:
 Tel: +27 (0) 11 880 - 7943 / 7786
 Fax: +27 (0) 11 788 - 7812
 Richard Grubb: +27 (0) 83 232 3431
 Email: grubb@icon.co.za

FSP No: 2478 / Reg. 2002/065492/23
 RGA VAT No: 4150147769
 Website: www.rgrubb.co.za
 27 Worcester Rd, Parkwood, 2193
 PO Box 3502, Parklands, 2121

MOTOR ACCIDENT CLAIM FORM

Insurer:	Insurer: _____		Policy No: _____	
Insured:	Full name of the insured: _____			
	Address: _____			
	Home/Cell No: _____		Work No: _____	
Vehicle:	Make & Model: _____		Year: _____	
	Registration No: _____		Finance House: _____	
Damage:	Damage to own vehicle: _____			
	Est for repairs/quote: _____			
	Repairers name & telephone: _____			
	Where can the vehicle be inspected: _____			
Driver:	Full name of the driver: _____			
	Address: _____			
	Home/Cell No: _____		Work No: _____	
	Occupation: _____		Date of birth: _____	
	Driver license No: _____		Valid dates: _____	
	Place of issue: _____		Code: _____	
			Full license <input type="checkbox"/> /Learners <input type="checkbox"/>	
	State fully the purpose for which the vehicle was being used: _____			
	Was he/she driving with your permission? <u>Y / N / N/A</u>		Was he/she in your employ? <u>Y / N / N/A</u>	
	Has he/she any motor ins on own car? <u>Y / N / N/A</u>		If yes, state policy no & Co: _____.	
	Details of convictions for motoring offences: _____			
	Has license been endorsed? <u>Y / N</u>		Has he/she got any physical defects? <u>Y / N</u>	
	Details of previous accidents: _____			
Third Party:	Make & Model: _____		Registration No: _____	
	Name of driver: _____		Contact No: _____	
	Address of driver: _____			
	Name of owner: _____		Contact No: _____	
	Address of owner: _____			
	Damage to other vehicle: _____			
	Insurance Co: _____		Policy No: _____	
	Any Injuries: <u>Y / N</u>		Name of injured: _____	
Property:	Damage to property other than vehicles: _____			
	Name & Address of owner: _____			
	Contact No of owner: _____		Details: _____	
Passengers:	Passengers in insured vehicle:	Name:	Address / Contact No:	Injury:
	1	1	1	1
	2	2	2	2
	3	3	3	3
	For what purpose were they carried: _____			
	Are they employees? <u>Y / N</u>			

