



Motor Claim Form

To be completed in all instances; in case of any Accident, Fire & General related claims; in case of Theft related claims.

A. Broker Details

Broker Name

HP number

Tel

Email

B. Insured

Name of Insured

ID Number

Occupation

Postal Address

Tel

Cell

Email

C. Vehicle Details

Make

Year model

Model

Value R

Purchase Price R

Registration Number

Date of Purchase

Kilometres completed

If vehicle subject to finance, state: Yes No

If 'Yes': Company

Account number

D. Damage

Damage to own property/ vehicle? Yes No Estimate for damage / repairs R

Where can the damaged item / vehicle be inspected? Name

Address

Tel

Film & Entertainment Underwriters SA (Pty) Ltd

Directors Clive R Shelver FIISA (Managing), Isaac Chindotana CA (SA) ARM (Chairman), Valerie Hayter B. Com | T 011 431 3694 | F 011 431 4188

W www.feusa.co.za | **Physical** Suite 203, Misa Park Building, 15 Catherine Avenue, Northcliff 2195 | **Postal** Suite 244, Private Bag X17, Weltevredenpark, 1715

Registration No. 2009/024032/07 **FSP** 42293 | An authorised financial services provider | Underwritten by Compass Insurance Company Limited (FSP 12148)

E. Driver

Full name of driver

Tel

Address

Date of birth

Occupation

Driving License / PDP

Number

Date

Place

Code

Full

Learner

State fully the purpose for which the vehicle was being used

Was He/She driving with your permission? Yes No

Has he/she any motor insurance on own car? Yes No

If yes, state: Insurance company

Policy number

Details of any conviction for motoring offences (if applicable)

F. Passengers in Insured Vehicle (if any)

Name

Age

Tel

Injury

Address

Name

Age

Tel

Injury

Address

Name

Age

Tel

Injury

Address

Name

Age

Tel

Injury

Address

For what purpose were they transported?

Are they employees? Yes No

G. Other Party: Damages to other vehicle/s

Owner Name

Address

Driver Name

Address

Owner Name

Address

Driver Name

Address

G. Other Party: Damages to other vehicle/s

Owner Name Address

Driver Name Address

Owner Name Address

Driver Name Address

H. Other Party: Damage to property other than vehicle

Owner Name Address

Details of Damage

Owner Name Address

Details of Damage

Owner Name Address

Details of Damage

I. Other Party: Personal injuries (other than in insured vehicle)

Name of Injured Name of hospital if applicable

Relationship to accident e.g. Driver, Passenger etc.

Name of Injured Name of hospital if applicable

Relationship to accident e.g. Driver, Passenger etc.

Name of Injured Name of hospital if applicable

Relationship to accident e.g. Driver, Passenger etc.

Name of Injured Name of hospital if applicable

Relationship to accident e.g. Driver, Passenger etc.

J. Witnesses

Full Name Tel

Address

Full Name Tel

Address

J. Witnesses

Full Name

Tel

Address

Full Name

Tel

Address

K. Theft / Burglary

Date

Time

Colour of vehicle

Place: (of theft burglary)

Was property / vehicle locked? Yes

No

Police station

Police station tel

Case number

Vehicle number

Engine number

Chassis number

If accessories or items stolen, provide full details: (if necessary use separate page)

L. Incident

Date

Time

Place

Speed before accident K/PH

Moment of impact K/PH

Weather conditions

Weather visibility

Car lights On

Off

Street lights On

Off

Road surface Gravel

Tarmac

Cement

Other

Carriage way Double

Single

Other

Warnings given by you? (e.g. hooting, indicator)

Hooting

Indicator

Name of Police / Traffic officer who recorded details of accident

Police station

Police station tel

Case Number

Was the driver tested for alcohol or drugs? Yes

No

Result of Test

Previous accidents

L. Incident

Accident / Incident description (if necessary use separate page)

Sketch of Accident / Scene of incident (if necessary use separate page)

M. Declaration

I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.

I/We accept and understand that any false or incorrect information could severely prejudice the validity of the claim.

Signature of driver

Date

Capacity

Signature of insured

Date

Capacity

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