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MOTOR ACCIDENT CLAIM FORM

INSURER		Policy No.	
BROKER/AGENT			

Insured	Name				Occupation				
	Address				Contact numbers	Tel			
				Cell					
Vehicle	Vehicle details	Year		Registration		Km Completed			
		Make		Date purchased		Value			
		Tare		Gross Vehicle Mass					
		Model							
	Is the Vehicle subject to a Hire Purchase, Credit or Leasing Agreement ?								
	If Yes :	Name of Institution				Account Number			
		Address				Contact Number			
	Did you arrange the towing through the insurance Assist call centre								
	If you did not arrange for towing through insurance Assist, please indicate why not :								
Is vehicle subject to motor plan or warranty ?				Yes		No		Please select with an "X"	
Is vehicle driveable ?				Yes		No			
Is vehicle incurring storage costs at present ?				Yes		No			
If yes, please indicate vehicle location :									
Damage	Area of damage to own vehicle								
	Estimate for repairs or attached quotation								
	Repairer's name				Contact No.				
	Repairer's address								
	Where can your damaged vehicle be inspected								
Driver	Full name				Occupation				
	ID no.				Contact no.				
	Address								
	Drivers license :	No. / Code		Date of first issue					
	Who is the regular driver of this vehicle ?								
	State fully the purpose for which the vehicle was used								
	Was he/she driving with your permission ?								
	Was he/she in your employment ?								
	Does the driver have any insurance on his/her own car ?					Policy number :			
						Insurance Company :			
	Has license ever been endorsed ?								
	Has he/she any physical defects ?								
Details of any convictions for motoring offences									
Details of previous accidents and losses									

Passengers	Passengers (Insured vehicle)				
	Name	Driver or passenger	Details of injuries	Name of hospital	Address
	For what purposes were they carried ?				
	Are they employees ?				
	Passengers (Third party)				
	Name	Driver or passenger	Details of injuries	Name of hospital	Address
Other Parties	Vehicle 1				
	Make and Model		Registration no.	Year	
	Name of driver		Name of owner		
	Owner's address		Driver's address		
	Insurance details	Insurance company		Policy number	
		Contact person		Contact no.	
	Vehicle 2				
	Make and Model		Registration no.	Year	
	Name of driver		Name of owner		
	Owner's address		Driver's address		
	Insurance details	Insurance company		Policy number	
		Contact person		Contact no.	
	Damage to property (Non-Motor)				
	Name of owner		Details of damage	Address of owner	
Witnesses	Name	Passenger	Contact details	Address	
Accident	Date of accident		Time of accident		
	Place of accident				
	Speed	Before accident km/h :		Moment of impact km/h :	
	Weather condition		Visibility		
	Road surface		Width of road		
	Street lighting		Which vehicle lights were on ?		
	Was any warning given by you? e.g. hooting, indication etc.				
	Police details				
	Did the police attend the scene ?			Police station	
	Name of police/traffic officer who recorded details of accident			Reference no.	
			Was driver tested for alcohol/drugs ?		

Full description of accident


Sketch of accident

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 vicinity of scene of accident.

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Declaration

We hereby declare all particulars to be true in every respect.

Signature of insured ..... Capacity ..... Date .....

Signature of driver ..... Date .....

**NB.** IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/DRIVER ONLY.