

**MOTORCYCLE ACCIDENT CLAIM FORM**

**INSURED**

Policy number: \_\_\_\_\_ Agent policy number: \_\_\_\_\_

HP account number: \_\_\_\_\_

Name and occupation: \_\_\_\_\_

Physical address: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_ Kode: \_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_

Tel (W): \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Bank account number: \_\_\_\_\_

**MOTORCYCLE**

If motorcycle subject to hire purchase, credit or leasing agreement, state details of finance company:

Name: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact no's:    Tel (H): \_\_\_\_\_  
                          Tel (W): \_\_\_\_\_  
                          Cell: \_\_\_\_\_  
                          E-mail: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Year: \_\_\_\_\_

Registration number: \_\_\_\_\_

Kilometres completed: \_\_\_\_\_

VIN number: \_\_\_\_\_

Value: \_\_\_\_\_

Date of purchase and price paid: \_\_\_\_\_

Purchased from? \_\_\_\_\_

**DAMAGE**

Damage to own motorcycle: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimate for repairs or attach quotation: \_\_\_\_\_

Repairer's name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_  
Tel (W): \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Where can your damaged motorcycle be inspected? \_\_\_\_\_

**DRIVER**

Full name: \_\_\_\_\_

Identity number: \_\_\_\_\_

Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_

Tel (W): \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Driving licence: Number: \_\_\_\_\_

Date: \_\_\_\_\_

Place: \_\_\_\_\_

Code: \_\_\_\_\_

Full: \_\_\_\_\_

Learner: \_\_\_\_\_

State fully the purpose for which the motorcycle was being used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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Was he/she driving with your permission? \_\_\_\_\_

Was he/she in your employ? \_\_\_\_\_

Has he/she any motorcycle insurance on own motorcycle? \_\_\_\_\_

If yes, state policy number and company: \_\_\_\_\_

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Details of any convictions for motoring offences: \_\_\_\_\_

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Has licence ever been endorsed? \_\_\_\_\_

Does he/she have any physical defects? \_\_\_\_\_

Details of previous accidents: \_\_\_\_\_

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### **PASSENGERS ON INSURED MOTORCYCLE**

Name: \_\_\_\_\_

Identity number: \_\_\_\_\_

Address: \_\_\_\_\_

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**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_  
Tel (W): \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Injury and hospital details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

For what purpose were the passenger transported? \_\_\_\_\_  
\_\_\_\_\_

Is the passenger an employee? \_\_\_\_\_

#### **OTHER PARTY - DAMAGE TO OTHER VEHICLES**

Registration number: \_\_\_\_\_  
Make: \_\_\_\_\_  
Name of owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_  
Tel (W): \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name of driver: \_\_\_\_\_

Identity number: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_  
Tel (W): \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Details of damage: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance company: \_\_\_\_\_

Claim number: \_\_\_\_\_

Police details: Police station: \_\_\_\_\_

Police reference number: \_\_\_\_\_

Date reported: \_\_\_\_\_

Reported by: \_\_\_\_\_

**OTHER PARTY - DAMAGE TO PROPERTY OTHER THAN VEHICLES**

Name of owner: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_

Tel (W): \_\_\_\_\_

Cell: \_\_\_\_\_

E-mail: \_\_\_\_\_

Details of damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER PARTY - PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)**

Name of injured: \_\_\_\_\_

Relationship to accident e.g. driver, passenger etc.: \_\_\_\_\_

Details of injuries: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of hospital if applicable: \_\_\_\_\_

**WITNESSES**

Name: \_\_\_\_\_

Identity number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_  
Tel (W): \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Name: \_\_\_\_\_

Identity number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact no's: Tel (H): \_\_\_\_\_  
Tel (W): \_\_\_\_\_  
Cell: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## ACCIDENT

Date, time and place where accident occurred (Postal code): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Speed: Before accident: \_\_\_\_\_

Moment of impact: \_\_\_\_\_

Weather conditions: \_\_\_\_\_

Visibility: \_\_\_\_\_

Road surface: \_\_\_\_\_

Width of road: \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_





**SKETCH OF ACCIDENT (IF NECESSARY USE SEPERATE PAGE)**

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 os scene of accident.

**DECLARATION**

I/we hereby declare the foregoing particulars to be true in every respect.

I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me. I acknowledge that the insurance information provided by me be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases.

**SIGNATURE OF DRIVER:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SIGNATURE OF INSURED:** \_\_\_\_\_

**CAPACITY:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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