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MOTOR ACCIDENT CLAIM FORM (Without Prejudice)

Policy No: Period of Insurance: Claim No:

Name of Insured in full:

Tel No: Fax No:

Address:

Business Profession or Occupation

INSURED VEHICLE

Make: Registration No:

Year of Manufacture: Price paid by Insured:

If Commercial Vehicle state nature and weight of load carried at time

Of accident:

Was a Trailer Attached?

Is the vehicle your sole property and paid for in full?

If not, how much is owing and to whom?

In Whose name is the Vehicle registered?

Purpose for which it is generally used:

Purpose for which it was being used with your knowledge and consent:

Was it in proper order and condition at the time of Accident?

Was it being used with your knowledge and consent?

If the claim is in respect of a Motor Cycle state; whether a pillion passenger was being carried at the time of the accident?

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THEFT

To be completed only if the vehicle and/or accessories are stolen.

What Mileage had the vehicle done at the time of theft?

Was a radio and/or record player installed?

Was Vehicle fully locked?

Who is in possession of the key?

Was the vehicle garaged? If so, Where?

State color of Vehicle and any identification marks:

DAMAGE TO INSURED VEHICLE

Give in detail the extent of all damage to the insured vehicle directly due to the accident.....
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Where can the vehicle be inspected?
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THE DRIVER

Name: Date of Birth: Occupation:

His full address:

Tel No:

License No: (L.M.V./H.D./P.S) Date and place of issue:

Endorsements Previous Convictions

Has the driver been involved in any previous accident(s)?

If so, give full details
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Has driver ever claimed under motor insurance policy?

Has driver ever been refused any motor Vehicle Insurance or continuation thereof?

Does driver own a motor vehicle and is it insured?

Is the driver in your employ? If so, How long?

Were any passengers being carried in the course of business?

If so, how many? Were they members of your family and are they residing with you?

Was anything paid or arranged for the use of the vehicle?

Does the driver suffer from physical defect, infirmity, Impairment, Defective vision or hearing?

If so, Give details:
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OTHER VEHICLES AND/OR PROPERTIES

Name and Address of owner and/or driver:
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Particulars of vehicles damage to other vehicle:
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Name of other parties insurers:

WITNESSES

Name and Address of all witnesses

Passengers(state if employed)	Independent

POLICE

Has the accident or loss been reported to the police?

Name of officer who recorded details of the accident	Police station	Police reference number

Did the police visit the scene of the accident?

What action, if any, has been taken by the police or any other authority?

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INJURIES

Has the accident caused any injuries to any person or persons?

If so, give the following particulars:

Name	Address	Occupation	Nature of injuries	Whether being conveyed or not

SKETCH

DECLARATION:

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

I/We have not made admission of liability to any third party.

Date:

Date:

.....
Signature of driver

.....
Signature of policy holder

TOWING OF INSURED VEHICLE CONSENT

I, (Insured), hereby consent to National Network Administrator on behalf of New National Assurance Company moving my vehicle from its current position to an authorised repairer.

Further, I confirm that I am fully aware that subject to the New National Assurance Company policy wording, that New National Assurance Company will refund the maximum amount of R2 500 (VAT incl.), towards any towing and release fees pertaining to this claim.

Signature _____ Date _____

******* DOCUMENTS REQUIRED – TO BE SUBMITTED WITH THIS CLAIM FORM:**

1. Copy of I.D and drivers license – enlarged and clear
2. SAP Report
3. Estimate of repairs - Quotation