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Bryte

MOTOR VEHICLE CLAIM FORM:

CLAIM NUMBER: _____ HP ACCOUNT No: _____

INSURED:

Full Name & Surname: _____

ID Number: _____

Address: _____

_____ Area Code: _____

PO Box: _____

_____ Area Code: _____

Occupation: _____

Telephone (w): _____

Telephone (cell): _____

Bank Account No: _____

Vehicle:

If Vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company:

Make: _____ Year: _____

Model: _____

Registration: _____

Value: _____

VIN: _____

G.V.M: _____

Km Reading: _____

Date of Purchase: _____

Purchase Price: _____



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Damage:

Damage to own vehicle: _____

Estimate for repairs/attach quote: _____

Repairer Name: _____

Repairer Tel: _____

Repairer Address: _____

Area Code: _____

Inspection location: _____

Was vehicle towed- by whom? _____

Driver:

Full Name: _____

Address: _____

Area Code: _____

Occupation: _____

Date of Birth: _____

License No: _____

License Date: _____

Location Obtained: _____

License Code: _____

Learners of Full: _____

Purpose for which vehicle was being used: _____

Learners of Full: _____

Inspection location: _____

Was he/she driving with your permission? _____

Is he/she in your employ? _____

Has he/she any motor insurance on own car? If yes, state policy No. & Company?:

Details of any convictions for motoring offences:

Has licence been endorsed? _____

Has he/she any physical defects? _____

Details of previous accidents: _____



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Passengers:

Full Name: _____

Address: _____

Area Code: _____

Injury: _____

Full Name: _____

Address: _____

Area Code: _____

Injury: _____

Full Name: _____

Address: _____

Area Code: _____

Injury: _____

For what purpose where they being transported?:

Are they employed?:

Other Party:

Other Vehicles: _____

Property other than vehicles:

Make: _____ Year: _____

Model: _____

Registration: _____

Driver Address: _____

Area Code: _____

Owner Address: _____

Area Code: _____



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Driver Name: _____

ID Number: _____

Owner Name: _____

ID Number: _____

Insurance Company: _____ Claim No: _____

Details of damage: _____

Personal Injuries (Names, details and hospital names):

Relationship to accident.eg. Driver, Passenger:

Witnesses:

Name: _____

Phone Number: _____

Address: _____

Area Code: _____

Name: _____

Phone Number: _____

Address: _____

Area Code: _____

Name: _____

Phone Number: _____

Address: _____

Area Code: _____



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Theft:

To be completed in the event of a vehicle theft claim

Date & Time: _____

Address: _____

Area Code: _____

Was the vehicle left locked?

Who now has the vehicle keys?

Police Station & Reference No

Vehicle engine, chassis No and colour

If accessories stolen, provide full details

Incident:

Date & Time: _____

Address: _____

Area Code: _____

Speed:

Kmph before: _____

kmph at impact: _____

Weather:

General: _____

Visibility: _____

Road Surface:

Surface: _____

Width of road: _____

Lights:

Vehicle Lights: _____

Street Lighting: _____

Was any warning given by you e.g. Hooting, indicators, etc?

Police Details Date Reported

Name of Police/Traffic office who recorded details of accident

Police Station & Reference No:

Was driver tested for alcohol or drugs? :

Results :

Description of Incident (Use separate page if necessary):

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 (use separate page if necessary)

Declaration:

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/we hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent. I/We further declare that all the particulars to be true in every respect and correct and I/we understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy afforded under this policy in respect of such claim shall be forfeited.

Signature of driver _____ Date: _____

Signature of Insured _____ Date: _____

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