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MOTOR VEHICLE CLAIM FORM

COVERALL: BROKER SUPPORT SYSTEMS

Agent / Broker:	Policy No.:	Identity No.:
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INSURED

Name:		Policy Number:	
Residential Address:			Code:
Telephone:	Work -	Home -	Cell -
Occupation:			

VEHICLE

Make:	Engine capacity:	Model:	Year:
Vehicle Value:	Odemeter Reading:	Date of Purchase:	Price Paid:
Engine no.:	Chassis no.:	Inspected by:	Date of valuation:
Name of registered Owner:			Registration Number:
Is the vehicle a "rebuilt" vehicle?			
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			
Is the vehicle subject to a hire purchase, credit or lease agreement?			
<input type="checkbox"/> YES			
<input type="checkbox"/> NO			
If applicable, state the following:			
Name and address of finance company / person:			
Address:			Code:
Account holder:			Account No.:

DRIVER AT THE TIME OF THE ACCIDENT				
Name:				
Residential Address:				Code:
Telephone:	Work -	Home -	Cell -	
Occupation:				
Date of Birth:		Identity No.:		
Date on which driver's licence was issued:	Place:	Code:	Full: <input type="checkbox"/>	& Learners: <input type="checkbox"/>
Has the licence ever been endorsed? <input type="checkbox"/> YES <input type="checkbox"/> NO		Details of any convictions for motoring offences:		
Does the driver suffer from any physical defects?				
Details of previous Losses/damage:				
Was the driver tested for alcohol or drugs? If so, what was the outcome?				
Does the driver have motor insurance on his/her own vehicle? <input type="checkbox"/> YES <input type="checkbox"/> NO		Insurance Company:		
		Policy Number:		
		Telephone Number:		
Has any insurer ever refused / cancelled the driver's motor vehicle insurance or imposed conditions? <input type="checkbox"/> YES <input type="checkbox"/> NO				

Was the driver in the insured's employ? <input type="checkbox"/> YES <input type="checkbox"/> NO	Was the vehicle being used with the insured's permission? <input type="checkbox"/> YES <input type="checkbox"/> NO
State the purpose for which the vehicle was being used:	

ACCIDENT

Date:	Time:	Place:
Police Reference no.:	Police Station:	Date Reported:

Was the vehicle towed <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of towing company:	
	Date towed:	
	Distance Towed: (approximate)	KM
	Telephone No.:	

DAMAGE TO VEHICLE

Description Of damage:

Estimate cost for repairs: R

What area are you in for your vehicle be Inspected?

PASSENGERS IN INSURED VEHICLE

Name:	Address / Telephone no.	Relationship

Were there any injuries to passengers / driver?
 YES
 NO

If so, state who, and Describe your injuries:

If there were injuries, is anyone going to claim for medical costs, etc?
 YES
 NO

If so, state details:

Name of attorneys who are going to handle the claim:

WITNESSES

Name:	Address:	Telephone Numbers:

OTHER VEHICLES INVOLVED

1.	Vehicle:	Registration no.:	Name of owner Or driver:	Cell: Work: Home:
	Postal Address:			Code:

Information about the other party's insurance	
Name:	
Insurer:	
Policy No.:	
Claim No.:	
Contact person and telephone:	

2.	Vehicle:	Registration no.:	Name of owner Or driver:	Cell: Work: Home:
	Postal Address:			Code:

Information about the other party's insurance	
Name:	
Insurer:	
Policy No.:	
Claim No.:	
Contact person and telephone:	

3.	Vehicle:	Registration no.:	Name of owner Or driver:	Cell: Work: Home:
	Postal Address:			Code:

Information about the other party's insurance	
Name:	
Insurer:	
Policy No.:	
Claim No.:	
Contact person and telephone:	

If you suspect that the driver of the other vehicle was driving his/her employer's vehicle, please provide us with the following information:

Registration no.:	Name of Employer:
Telephone numbers:	Business Address:

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name of Owner:			
Address:			Code:
Telephone:	Work -	Home -	Cell -
Details of damage:			

PERSONAL INJURIES OTHER THAN IN INSURED VEHICLE

Name of injured	Address // Telephone	Details of injuries

DESCRIPTION OF ACCIDENT

Speed before accident:	Moment of impact	Weather conditions:
Visibility:	State Of Road:	Width of Road:
Which lights of the Vehicle were on?		
Was any warning given by you, e.g. hooting, indicators, etc?		
Who, in your opinion, was to blame for this accident?		

DECLARATION

I /We solemnly declare that the above particulars are correct.

Insured's Signature

Date

Driver's Signature

Date

Registered Owner's Signature

Date

Office use only

LICENCE INSPECTED

I have inspected the driver's licence and it is free of endorsements / is endorsed as indicated

Signature

Capacity

Date