



MOTOR ACCIDENT CLAIM FORM

Rodel Administration Services (Pty) Ltd is an authorised financial services provider - FSP 5431
 A proud member of the Financial Intermediaries Association of Southern Africa (FIA)
 • VAT Nr. 4420210264 • Reg Nr. 1997/013419/07

INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)													
1. THE INSURED													
NAME & SURNAME:													
ID NUMBER:												AGE:	
POLICY NUMBER:							TELEPHONE NO.:						
ADDRESS:													
										POSTAL CODE:			
2. THE VEHICLE													
MAKE:					REGISTRATION:						YEAR:		
COLOUR:					IS THE VEHICLE INSURED UNDER ANY OTHER POLICY:								
REGISTERED OWNER NAME:													
REGISTERED OWNER ADDRESS:													
NAME & ADDRESS OF TITLE HOLDER IF THE VEHICLE IS THE SUBJECT OF A HIRE-PURCHASE AGREEMENT OR SIMILAR:													
DESCRIPTION OF DAMAGE TO VEHICLE:													
HAS INSTRUCTION FOR REPAIRS BEEN GIVEN:						IF YES, BY WHOM:							
ESTIMATED COST OF REPAIRS:													
ADDRESS WHERE VEHICLE IS BEING STORED:													
3. THE DRIVER AT THE TIME OF LOSS													
NAME & SURNAME:													
LICENCE NUMBER:												DATE ISSUED:	
LICENCE CODE:					LIMITATIONS:						FULL/LEARNER:		
ID NUMBER:												AGE:	
ADDRESS:													
										POSTAL CODE:			
WAS THE DRIVER SOBER?				WAS A BLOOD SAMPLE TAKEN AFTER THE ACCIDENT?									
WHAT WAS THE RESULT OF THE BLOOD TESTS:													



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4. THE ACCIDENT									
DATE OF LOSS:		PLACE:		TIME:			h		
IF THE LOSS OCCURRED OUTSIDE THE RSA BORDERS, PLEASE ADVISE IN WHICH COUNTRY									
POLICE STATION/TRAFFIC DEPARTMENT WHERE INCIDENT WAS REPORTED									
POLICE STATION/TRAFFIC DEPARTMENT REFERENCE NUMBER:									
GIVE A SHORT DESCRIPTION OF INCIDENT:									
FOR WHAT PURPOSE WAS THE VEHICLE BEING USED AT THE TIME OF THE INCIDENT?									
ARE THERE ANY OTHER PARTIES WHO CAN CLAIM DAMAGES ARISING FROM THE INCIDENT FROM YOU OR FROM WHOM YOU CAN CLAIM DAMAGES?								YES	NO
HAVE ANY PASSENGERS IN YOUR VEHICLE SUSTAINED ANY INJURIES?								YES	NO
I DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE AFORESAID PARTICULARS ARE TRUE, CORRECT AND A COMPLETE DISCLOSURE OF THE CIRCUMSTANCES RELATING TO THE CLAIM. I UNDERTAKE TO RENDER TO THE COMPANY EVERY ASSISTANCE IN MY POWER IN DEALING WITH THE MATTER.									
DATE:						PLACE:			
5. SKETCH THE LAYOUT OF THE INCIDENT IN BLOCK BELOW: (WITH YOUR VEHICLE SHOWN AS X AND THE OTHER PARTY / PARTIES SHOWN AS A, B OR C AS PER SECTION D, PLEASE SHOW THE FOLLOWING IN THE DRAWING) a) POSITION OF VEHICLES AND PERSONS INVOLVED BEFORE AND AFTER THE ACCIDENT AND DIRECTION IN WHICH THEY WERE TRAVELLING b) POINT OF IMPACT									