

HEAVY COMMERCIAL VEHICLE CLAIM FORM

INSURED				CLAIM NO.	
BUSINESS OR OCCUPATION			TELEPHONE NO. (DAY)		
ADDRESS			EMAIL ADDRESS		
			INSURED'S VAT REG. NO.		

VEHICLE

MAKE			MODEL			YEAR			REGISTRATION NUMBER		
GROSS VEHICLE MASS				CURRENT VALUE				DATE OF PURCHASE			
COLOUR:			CHASSIS OR VIN NO.:						KILOMETRES COMPLETED:		

TRAILER

MAKE			MODEL			YEAR			REGISTRATION NUMBER		
GROSS VEHICLE MASS				CURRENT VALUE				DATE OF PURCHASE			
COLOUR:			CHASSIS OR VIN NO.:								

TRAILER

		MODEL			YEAR			REGISTRATION NUMBER		
GROSS VEHICLE MASS				CURRENT VALUE				DATE OF PURCHASE		
COLOUR:			CHASSIS OR VIN NO.:							

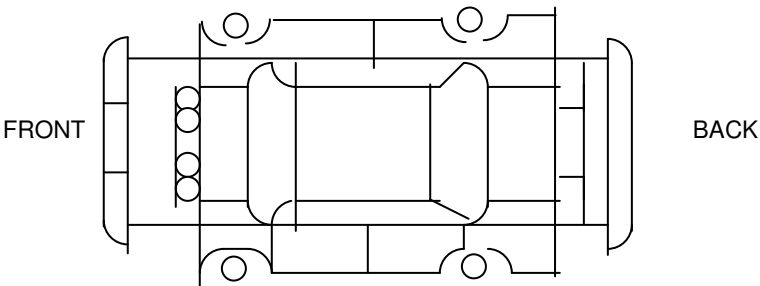
DAMAGE

DAMAGE TO OWN VEHICLE					
ESTIMATE FOR REPAIR OR ATTACH QUOTATION					
REPAIRERS NAME ADDRESS & TELEPHONE NUMBER, EMAIL & FAX NUMBER					
WHERE CAN YOUR DAMAGED VEHICLE BE INSPECTED.					

DRIVER

FULL NAME		GENDER	MALE <input type="checkbox"/>	MARITAL STATUS	SINGLE <input type="checkbox"/>
			FEMALE <input type="checkbox"/>		MARRIED <input type="checkbox"/>
DATE OF BIRTH		OCCUPATION			TEL NO. ()
ADDRESS					
DRIVING LICENCE / PDP (PLEASE SUPPLY A COPY)	NUMBER	DATE FIRST OBTAINED	PLACE		CODE FULL <input type="checkbox"/>
					LEARNER <input type="checkbox"/>
STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED				WAS HE/SHE DRIVING WITH YOUR PERMISSION	YES <input type="checkbox"/> NO <input type="checkbox"/>
WHAT WAS YOUR DESTINATION?				DID YOU HAVE A PREDETERMINED ROUTE?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WERE YOU ON THIS ROUTE AT THE TIME OF THE ACCIDENT	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF SO, WHEN & WHERE?			
HAD YOU MADE ANY STOPS SINCE YOU STARTED THE JOURNEY?	YES <input type="checkbox"/> NO <input type="checkbox"/>	IF NO WHY?			

HAS HE/SHE ANY MOTOR INSURANCE ON HIS/HER VEHICLE. IF YES, GIVE POLICY NUMBER AND NAME OF CO.		YES <input type="checkbox"/> NO <input type="checkbox"/>			
DETAILS OF ANY CONVICTION FOR MOTORING OFFENCES					
IF YES, HAS LICENCE EVER BEEN ENDORSED?	YES <input type="checkbox"/> NO <input type="checkbox"/>		HAS HE/SHE ANY PHYSICAL DEFECTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	
IF YES, PLEASE SUPPLY DETAILS					
DETAILS OF PREVIOUS ACCIDENTS					
OTHER PARTIES					
PASSENGERS IN INSURED VEHICLE	NAME		ADDRESS		INJURY
FOR WHAT PURPOSE WHERE THEY CARRIED?				ARE THEY EMPLOYEES?	YES <input type="checkbox"/> NO <input type="checkbox"/>
OTHER VEHICLES INVOLVED					
REG. NO.	MAKE/MODEL	COLOUR	NAME & ADDRESS OF OWNER & DRIVER		DETAILS OF DAMAGE
DAMAGE TO PROPERTY OTHER THAN VEHICLES					
NAME AND ADDRESS OF OWNER				DETAILS OF DAMAGE	
PERSONAL INJURIES (OTHER THAN IN THE INSURED VEHICLE) FOR INFORMATION PURPOSES ONLY					
NAME OF INJURED	RELATIONSHIP TO ACCIDENT e.g. DRIVER		DETAILS OF INJURIES		NAME OF HOSPITAL - IF APPLICABLE
WITNESSES					
WITNESS 1	NAME		PHONE NUMBER		
	ADDRESS		EMAIL ADDRESS		
WITNESS 2	NAME		PHONE NUMBER		
	ADDRESS		EMAIL ADDRESS		
ACCIDENT DETAILS					
DATE		TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM		PLACE
SPEED BEFORE ACCIDENT			kph	SPEED AT MOMENT OF IMPACT	
WEATHER CONDITIONS				VISIBILITY	
ROAD SURFACE		WIDTH OF ROAD		VEHICLE LIGHTS ON?	YES <input type="checkbox"/> NO <input type="checkbox"/>
				STREET LIGHTING?	YES <input type="checkbox"/> NO <input type="checkbox"/>

WAS ANY WARNING GIVEN BY YOU e.g. HOOTING, INDICATOR	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If yes give specifics)	
POLICE DETAILS	NAME OF POLICE OR TRAFFIC OFFICER	POLICE STATION	REFERENCE CASE NO.
WAS DRIVER TESTED FOR ALCOHOL OR DRUGS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	RESULT OF TEST	
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ACCIDENT			
PLEASE INDICATE THE AREA OF DAMAGE ON YOUR VEHICLE WITH AN 'X'	<div style="text-align: center;">  </div>		
<p>SKETCH OF ACCIDENT</p> <p>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 THE VICINITY OF THE SCENE</p>			
<p>DECLARATION</p> <p>I/We hereby declare the foregoing particulars to be true in every respect</p> <p>SIGNATURE of driver Date</p> <p>SIGNATURE of insured Date</p> <p>NB: It is important that you notify the insurer immediately you become aware of any impending prosecution, inquest or claim</p>			