

Riskflow Motor Fleet Insurance | Motor Accident Claim Form

Inception Date of Policy:

Policy Number:

1. Broker Details

Brokerage Name:

Contact Person:

2. Insured Details

Trading Name:

Previous Trading Name:

VAT Number:

Company Reg/ID Number:

Type of Business:

Postal Address:

Physical Address:

Postal Code:

Postal Code:

Tel/Cell Nr:

Email Address:

3. Vehicle Details

Make:

Model:

Year:

Registration:

VIN Number:

Date Purchased:

Price Paid:

Kilometers Completed:

Is the Vehicle Still Under Finance: Yes ☐ No ☐

Name of Finance Company:

Address:

Settlement Amount:

Contact Number:

Account Number:

Was Towing Arranged Through the VAPS Assist Line: Yes ☐ No ☐

Is the Vehicle Drivable: Yes ☐ No ☐

Towing Ref Number:

Is the Vehicle Subject a Motor Plan or Warranty: Yes ☐ No ☐

Is the Vehicle Incurring Storage Costs at Present: Yes ☐ No ☐

Is There Damage To Your Own Vehicle: Yes ☐ No ☐

Estimate for Repairs or Attach Quotation:

Repairer Name:

Repairer Contact Number:

Address Where Your Damaged Vehicle Can Be Inspected:

Autotrak Cameras: Yes ☐ No ☐

4. Trailer Details

Trailer 1

Make: Model: Year:
Registration: VIN Number:

Trailer 2

Make: Model: Year:
Registration: VIN Number:

Trailer 3

Make: Model: Year:
Registration: VIN Number:

5. Driver Details

Name: Surname: ID Number:
Occupation: Tel Number:
Does the Driver Have a Valid South African Drivers Licence: Yes ☐ No ☐ If No, Please Specify:
Drivers Licence Code: Date of First Issue:
Place Licence Obtained: Expiry Date:
Has Licence Ever Been Endorsed: Yes ☐ No ☐
Has He/She Any Physical Defects: Yes ☐ No ☐
Any Previous Accidents or Losses: Yes ☐ No ☐
Was He/She Driving With Your Permission: Yes ☐ No ☐ Is He/She Employed by You: Yes ☐ No ☐
Driver Signature: Date Signed:

6. Third Party Details

Name: Surname: ID Number:
Make: Model:
Year: Registration:
Tel Number: E-mail Address:
Is the Vehicle Insured: Yes ☐ No ☐ Insurance Company:
Does the Third Party Have a Valid Licence: Yes ☐ No ☐ Licence Number:
Will the Third Party be Claiming for Damages: Yes ☐ No ☐ Cost of Damages:
Details of Damages:

7. Police Details

Police Station: [text box] SAP Reference Number: [text box]
Was the driver tested for alcohol or drugs: [Yes] [No] Date Reported: [text box]

8. Accident Details

Date: [text box] Time: [text box]
Place: [text box]
Speed Before Accident km/h: [text box] Moment of Impact km/h: [text box]
Weather Conditions: [text box] Visibility: [text box]
Road Surface: [text box] Width of Road: [text box]
Was Any Warning Given By You? E.g Hothing, Indication ect: [text box]
Is There Any Video Footage of the Accident: Yes [checkbox] No [checkbox] Can you Supply Us With the Video Footage: Yes [checkbox] No [checkbox]

Description of Accident:

[Large text area for accident description]

Scetch of Accident:

9. Declaration

I acknowledge that sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.

On my behalf and on behalf of any person represent herein. I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored and in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.

I consent to such information being disclosed to any other insurance company or its agents.

I acknowledge that the information may be verified against legally recognized sources or databases

I/We hereby authorised that the insurance company can do the necessary validation checks for the drivers licence of the driver and when the drivers licence is not a South African drivers licence in terms of a new claim.

I/We hereby authorised that the insurance company can do the necessary validation checks for the PDP of the driver in terms of a new claim.

Name of Driver:

Signature of Driver:

Name of Authorised Signature:

Signature:

Date:

Place: