

**INSURED**

Insured name		Policy number	
Contact number		Email address	

**VEHICLE DETAILS**

Year		Make	
Model		Registration number	
VIN/Serial number		Engine number	
Date of purchase		Value	
Registered owner		Finance company	

**DRIVER**

Full name		ID/passport number	
Occupation		Contact number	
Physical address			
Driver's licence number		Date issued	
Code		Licence type	
Vehicle use		Driver driving with your permission	
Driver in your employ		Has driver any physical defects	
License endorsed		Convictions for motoring offences	
Details of previous accidents			

**DAMAGE**

Damage to own vehicle			
Repairer's name, address and contact details		Estimate for repairs	
Where can vehicle be inspected			
*Attach quotation of repairs (if applicable).			

**PASSENGERS**

Passengers in insured vehicle	
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**OTHER PARTIES**

Other vehicles involved		Property other than vehicles involved	
Injuries other than in insured vehicle			

**WITNESSES**

Name		Contact number		+
Address				X

## ACCIDENT DETAILS

Date		Time	
Place		Reported to police	
Speed before accident		Brakes applied	
Weather conditions		Visibility	
Road surface type		Width of road	
Which vehicle lights were on		Street lighting	
Any warning given by you? Indicator, etc.			

Description of accident	
Sketch of accident (if necessary use a separate page)	
Show clearly the point of impact and indicate the direction of travel by arrows. Give details and any road safety signs or warning signs in the vicinity of the scene of the accident.	

## LICENSE

I have inspected the driver's license and it is free of endorsements/endorsed as shown.

_____	_____	_____	_____
Full Name	Capacity	Date	Signature

\*Attach copies of driver's license and page 1 of driver's identity document.

## DECLARATION

I/we hereby provide IUM (Pty) Ltd or the insurer with the necessary permission and consent to obtain and extract, by any means necessary, any and all information pertaining to the motor vehicle in question in order to validate the damages/theft and claim in this regard.

I/we hereby acknowledge that IUM (Pty) Ltd or the insurer may make an enquiry, where applicable, to any relevant authority or institution, (including, but not limited to) the South Africa Revenue Services (SARS), South African Police Services (SAPS), South African Insurance Crime Bureau (SAICB), any registered financial, insurance or banking institutions, or any of their authorised representatives, to obtain, confirm or validate any information, related information or details as being reported on or related to any information contained in this claim form.

I/we hereby waive my/our right to privacy with regard to underwriting or claims information (including credit information) that I/we provide or that is provided by another person on my/our behalf in respect of any insurance policy or claim made or lodged by me/us. I further consent to such information being disclosed by me, or any person I represent in terms of this insurance policy, to any other insurance company or its agent.

We hereby declare the afore going particulars to be true in every respect.

Driver			
_____	_____	_____	_____
Full Name	Capacity	Date	Signature

Insured			
_____	_____	_____	_____
Full Name	Capacity	Date	Signature

It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand. Any personal injuries noted must be reported separately to the applicable accidents fund (i.e. Road Accident Fund) without delay.

