



Insurance Brokers

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Motor Accident Claim Form

INSURED	Policy No: _____		Claim No: _____		
	Name & Occupation				
	Address & Day Tel No.				
Identity No. / VAT No.					
VEHICLE	If vehicle is subject to Hire Purchase, Credit or Leasing Agreement	Make	Registration	Model & Year	Kilometers completed
	State name, address & account number of Finance Company				
	Chassis /VIN No.				
In whose name is the vehicle registered?					
DAMAGE	Damage area to own vehicle			Indicate old damage on vehicle	
	Estimate for repairs or attach quotation				
	Repairer's name, address & telephone no.				
	Where can your damaged vehicle be inspected?				
DRIVER	Full Name				
	Residential Address				
	Occupation				
	Identity No.				
	Drivers Licence		Month & Year of expiry	Date of issue & code issued	
	State full the purpose for which the vehicle was being used				
	Was he / she driving with permission				
	Was he / she in your employ				
	Has he / she motor insurance on own car? If yes state Policy No. and Company				
	Details of any convictions for motoring offences				
	Has license ever been endorsed?				
	Has he / she any physical defects?				
Details of previous accidents					
PASSENGERS (INSURED VEHICLE)	Passengers in insured vehicle	Name	Residential address	Injury	
	For what purpose they carried?				
	Are they employees?				

Sketch of Accident
(if necessary use
separate page)

Please show clearly the point
of impact & indicate the
direction of travel by arrows.
Give details of any road
safety signs or warning
signs in the vicinity of scene
of accident

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

PAYMENT
METHOD

You may select, for added security, payment of any amount due to you directly into a bank account.
Please specify the name of the bank, branch, name of account and account number.

Name of Bank:

Branch Name:

Name of Account Holder:

Account No.:

LICENCE
INSPECTED

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

Signature of Insured

Capacity

Date

DECLARATION

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

Signature of Insured

Capacity

Date

Signature of Insured

Capacity

Date

**N.B It is important that you notify the insurers immediately you become aware of any
impending prosecution, inquest or demand.**