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INSURANCE BROKERS (PTY) LTD EST 1989

REGISTRATION NUMBER: 2001/023867/07

AUTHORISED FINANCIAL SERVICES PROVIDER. LICENCE NUMBER 1422

MOTOR ACCIDENT CLAIM FORM

ATTACH REPAIR QUOTE AND LATEST COPY OF DRIVERS LICENSE

CLAIM FORM TO BE COMPLETED & RETURNED WITHIN 30DAYS FROM OCCURRENCE OF EVENT

PLEASE ONLY LIAISE WITH THE CLAIMS DEPARTMENT AT ALL TIMES FOR ANY QUERIES, PROGRESS REQUESTS OR COMPLAINTS

INSURED DETAILS		POLICY NUMBER:			
NAME					
ADDRESS					
CONTACT NUMBER	CELL:	WORK:			
ID NUMBER/ VAT NUMBER					
OCCUPATION					
PREVIOUS INSURER & POLICY NO					
DRIVER OF VEHICLE					
NAME AND OCCUPATION					
ADDRESS , TEL NO & EMAIL					
ID NUMBER					
DRIVING LICENSE	NO:	DATE:	CODE:	FULL/LEARNER:	
LICENSE ENDORSED?					
PHYSICAL DISABILITIES OF DRIVER					
PURPOSE USED-PRIVATE/BUSINESS					
DRIVING WITH INSURED'S PERMISSION					
WAS HE/SHE IN YOUR EMPLOY					
DETAILS OF PREVIOUS CONVICTIONS/OFFENCES					
VEHICLE					
MAKE					
MODEL & YEAR					
REGISTRATION & VIN					
PURCHASE/CREDIT AGREEMENT					
IS THE VEHICLE INSURED UNDER ANY OTHER POLICY?					

Director: R.V. du Plessis A.C.I.I A.I.I.S.A Chartered Insurance Practitioner (CEO)

Physical Address: PROFESSIONAL PLACE, 95 Monument Road, Kempton Park | Tel: 0861-444400 | Fax: (011) 394 8917

Postal Address: PO Box 11975, Aston Manor 1630

Email: info@tuffstuff.co.za

DAMAGE TO VEHICLE		
DAMAGE TO VEHICLE		
REPAIRER NAME & CONTACT NO		
WHERE CAN DAMAGE BE ASSESSED		
INJURIES TO PASSENGERS (IN INSURED VEHICLE)		
NAME & ID:	INJURIES:	
NAME & ID:	INJURIES:	
OTHER PARTY/VEHICLE INVOLVED		
NAME & SURNAME OF DRIVER		
ID NUMBER OF DRIVER		
TEL NO & EMAIL OF DRIVER		
NAME AND SURNAME OF VEHICLE OWNER		
ID NUMBER OF VEHICLE OWNER		
TEL NO & EMAIL OF VEHICLE OWNER		
VEHICLE MAKE/MODEL & REGISTRATION NO		
THEIR INSURANCE DETAILS & POLICY NO		
DETAIL OF DAMAGE TO OTHER VEHICLE		
ANY INJURIES TO OTHER PARTY OCCUPANTS		
WITNESSES	WITNESS 1	WITNESS 2
NAME & SURNAME		
ID NUMBER OF WITNESS		
TEL NO OF WITNESS		
EMAIL ADDRESS OF WITNESS		
ADDRESS OF WITNESS		
DO YOU KNOW THE WITNESS PERSONALLY		
DID THEY SEE THE ACTUAL ACCIDENT HAPPEN		
THE ACCIDENT		
DATE:	TIME:	PLACE:
SPEED	BEFORE IMPACT:	AT MOMENT OF IMPACT:
WEATHER CONDITIONS		
WERE YOUR LIGHTS ON		
POLICE DETAILS-STATION/REF NO		
WERE THE POLICE AT THE SCENE OF ACCIDENT	OFFICER:	
ANY PERSONS TESTED FOR ALCOHOL/DRUGS		

FULL DESCRIPTION OF ACCIDENT	

SKETCH OF ACCIDENT- SHOW CLEARLY THE POINT OF IMPACT & DIRECTION OF TRAVEL

I/WE WARRANT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED PRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURRENCE.

SIGNED AT _____ ON THIS _____ DAY OF _____ 20_____

SIGNATURE OF INSURED _____ SIGNATURE OF DRIVER _____

THE ISSUE OF THIS CLAIMFORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION IS DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION, OFFER, PROMISE, PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY.