

MOTOR ACCIDENT & THEFT

CLAIM FORM

Commercial & Personal Lines



Policy No. G C P 0 0

Claim No. G C M 0 0

Please complete in full, sign and email to claims@miragebrokers.co.za

PARTICULARS OF INSURER

Name (Surname, Initials and Title)
Co-Insured

I.D. No. of Insured
I.D. No. of Co-Insured
Age

Address
Code

E- Mail Address.

Telephone No. Cellular Work

Occupation Employer

Marital Status Married Divorced Single Widow/ er

VEHICLE DETAILS

Year
Make
Model
Value R
Registration Nr
Engine Nr
VIN Nr
Km Completed
Vehicle Colour

If vehicle is subject to finance, state;
Company Account Nr

DAMAGES

Damage to own Vehicle Yes No
Is your vehicle driveable? Yes No
Damages to 3rd Party? Yes No
Estimate for Repairs R
Was your vehicled towed in? Yes No
Who caused the damages? Me 3rd

Where can the vehicle be inspected?
Name:
Contact Nr:

DRIVER

Full Name	<input type="text"/>	Tel No.	<input type="text"/>
Date of Birth	<input type="text"/>	ID No.	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>	Occupation	<input type="text"/>

DRIVER LICENSE DETAILS

License No.	<input type="text"/>	Code	<input type="text"/>
Date of 1st Issue	<input type="text"/>	Place	<input type="text"/>
Full/ Learner	<input type="text"/>	PDP	<input type="text"/>

Purpose for what the vehicle was used:

Was he/she driving with your permission:

Has he/she any motor insurance? Yes No n/a Other:

if yes, state the policy nr & company:

Details of any conviction for motoring offences, if applicable:

PASSENGERS IN INSURED VEHICLE

Passangers in insured vehicle:

Name	Injury	Address	Are they employees	
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER PARTY INVOLVE (if applicable)

Damages to other vehicle? Yes No

Description of damages:

Name, Contact No & Address of Owner / Driver	Make	Model	Insurer/Policy No	Registration No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Damages to property other than vehicle? Yes No

Description of damages:

OTHER PARTY (if property and or other is damaged and or injured)

Name, Contact No & Address:	Other:

Personal injuries (other than insured vehicle?) Yes No

Name of insured	Relationship to accident (driver/passenger)	Name of hospital & injury

WITNESS

Full Name & Surname:	Contact No:	Address:

THEFT AND OR BURGLARY

DATE	TIME	PLACE <small>(of theft burglary)</small>

Was vehicle locked? Yes No **Tracking Company Informed?** Yes No n/a

POLICE DETAILS: THEFT AND OR BURGLARY

POLICE DETAILS <small>(Station & Telephone No)</small>	NAME OF POLICE / TRAFFIC OFFICER <small>(that recorded details of incident)</small>	POLICE CASE NO.

DESCRIPTION OF THEFT AND OR BURGLARY

If accessories or items stolen, provide full details: (if necessary use separate page)

SKETCH OF BURGLARY / THEFT OR ACCIDENT

(if necessary use separate page)

DECLARATION

I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.

I/We accept and understand that any false or incorrect information could severely prejudice and validity of the claim.

PLEASE NOTE:

ALL CLAIMS TO BE REPORTED TO YOUR NEAREST POLICE STATION WITHIN 48 HOURS AND SUBMITTED WITHIN 30 DAYS

Signature of Driver _____

Date _____

D D M M Y Y Y Y

Signature of Insured _____

Date _____

D D M M Y Y Y Y

DOCUMENTS TO ACCOMPANY YOUR CLAIM:

- 1.) Clear copy of ID
- 2.) Clear copy enlarged to 300% of your drivers license.

NB: It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand.