

MOTOR ACCIDENT & THEFT

CLAIM FORM

Commercial & Personal Lines



Policy No.

G	C	P	
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Claim No.

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

PARTICULARS OF INSURER

Name (Surname, Initials and Title)

Co-Insured

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I.D. No. of Insured

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 Age

--

I.D. No. of Co-Insured

--

 Age

--

Address

 Code

--

E- Mail Address.

--

Telephone No. Cellular

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 Work

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Occupation

--

 Employer

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Marital Status Married Divorced Single Widow/ er

VEHICLE DETAILS

Year	<table border="1"><tr><td></td></tr></table>		Registration Nr	<table border="1"><tr><td></td></tr></table>	
Make	<table border="1"><tr><td></td></tr></table>		Engine Nr	<table border="1"><tr><td></td></tr></table>	
Model	<table border="1"><tr><td></td></tr></table>		VIN Nr	<table border="1"><tr><td></td></tr></table>	
Value	<table border="1"><tr><td>R</td></tr></table>	R	Km Completed	<table border="1"><tr><td></td></tr></table>	
R					
		Vehicle Colour	<table border="1"><tr><td></td></tr></table>		

If vehicle is subject to finance, state;
Company

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 Account Nr

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DAMAGES

Damage to own Vehicle	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Estimate for Repairs	<table border="1"><tr><td>R</td></tr></table>			R
R							
Is your vehicle drive able?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was your vehicle towed in?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Damages to 3rd Party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Who caused the damages?	Me <input type="checkbox"/>	3rd <input type="checkbox"/>		

Where can the vehicle be inspected?
Name:

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Contact Nr:

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DRIVER

Full Name	<input style="width: 95%;" type="text"/>	Tel No.	<input style="width: 95%;" type="text"/>
Date of Birth	<input style="width: 95%;" type="text"/>	ID No.	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/> <input style="width: 95%; height: 20px;" type="text"/>		
	Occupation	<input style="width: 95%; height: 20px;" type="text"/>	

DRIVER LICENSE DETAILS

License No.	<input style="width: 95%;" type="text"/>	Code	<input style="width: 95%;" type="text"/>
Date of 1st Issue	<input style="width: 95%;" type="text"/>	Place	<input style="width: 95%;" type="text"/>
Full/ Learner	<input style="width: 95%;" type="text"/>	PDP	<input style="width: 95%;" 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

Passengers in insured vehicle:

Name	Injury	Address	Are they employees	
<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER PARTY INVOLVE (COMPULSARY, if applicable)

Damages to other vehicle? Yes No

Description of damages:

VEHICLE MAKE & MODEL	<input style="width: 95%; height: 20px;" type="text"/>
REGISTRATION NUMBER	<input style="width: 95%; height: 20px;" type="text"/>
INSURER / POLICY NUMBER	<input style="width: 95%; height: 20px;" type="text"/>
Name & Surname of the owner	<input style="width: 95%; height: 20px;" type="text"/>
ID Number	<input style="width: 95%; height: 20px;" type="text"/>
Contact Number	<input style="width: 95%; height: 20px;" type="text"/>
Name & Surname of the driver	<input style="width: 95%; height: 20px;" type="text"/>
ID Number	<input style="width: 95%; height: 20px;" type="text"/>
Contact Number	<input style="width: 95%; height: 20px;" type="text"/>
Address	<input style="width: 95%; height: 40px;" 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**

DOCUMENTS TO ACCOMPANY YOUR CLAIM:

- 1.) Clear copy of ID
- 2.) Clear copy enlarged to 300% of your drivers license
- 3.) Documentations as per requirements requested

Signature of Driver _____

Date _____
D D M M Y Y Y Y

Signature of Insured _____

Date _____
D D M M Y Y Y Y

The FSP respects the rights to privacy and confidentiality of our potential and existing clients' personal information. You give consent that we may process, transfer and disclose your personal information for the purposes of providing you with insurance products and services and complying with your instructions. This may necessitate us sharing information with third parties to give effect to your insurance requirements. A copy of the POPI Policy and Privacy Policy is available on our website or upon request. We hereby consent that we may share your information to enable

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