

Insurer: Policy no:
 Insured name: Claim no:
 Occupation / Business:

Contact Details

Tel no landline: Cell no:
 Email:
 Address:
 Postal code:

VEHICLE DETAILS

Make: Model: Year:
 Date purchased: Purchase price: R Current value: R
 Current KM: Reg no: Engine no:
 VIN no: Interior colour: Exterior colour:
 Registered owner name & ID no:

If subject to Hire purchase, Credit or Leasing agreement – please complete the following:

Account no:
 Type of agreement: Outstanding finance: R

DAMAGE REPORT

Date: Estimate for repairs (attach copy of quotation):
 Repairer name: Repairer tel no:
 Repairer address:

 Where can the vehicle be inspected?

Please describe the damage to your vehicle:

DRIVER DETAILS

Name, Occupation & ID no:
 Address:

 Licence date: Full? Learners? Code: Place:

CLEAR copy of ID and Driver's License must be attached.

Fully state the purpose for which the vehicle was used for:

Was he/she in your employment? YES NO Was he/she driving with your permission? YES NO

Does he/she have any motor insurance on own car? If yes, state Policy no & Company?

Details of any convictions for motoring offences:

Has licence ever been endorsed?

 YES NO

Do you / he / she have any physical disability?

 YES NO

Details of previous accidents in the last 5 years:

Client's signature

Date signed: