



Yourinsurance  
Brokers  
*Your insurance is our business*

t. 0800 20 50 43  
011 702 6600

f. 086 604 7232  
011 702 6609

e. [info@yib.co.za](mailto:info@yib.co.za)  
w. [www.yourinsurance.co.za](http://www.yourinsurance.co.za)

p. Private Bag X106, Bryanston, 2010

## MOTOR ACCIDENT CLAIM FORM

Please complete this claim form in BLOCK CAPITALS and email it to us at [info@yib.co.za](mailto:info@yib.co.za) or fax **0866047232**

Ignore sections that are not applicable

### INSURED INFORMATION

Policy number:		Today's date:	
First name:		Surname:	
ID number:			
Occupation:			
Telephone no:	(w)	(h)	
	(c)	Email:	
Address:			Code:

### VEHICLE INFORMATION

If vehicle is subject to Hire, Purchase, Credit or Leasing agreement

Registration	Make	Model & year	Kilometres completed

State name, address & account number of Finance Company:

Chassis/VIN no	
Vehicle registered to:	

### DRIVER INFORMATION

Full name:	
Residential address:	
Identity number	
Occupation:	
Drivers Licence details:	
Month/Year of expiry	Date of issue & code issued
State purpose for vehicle being used:	
Was he/she driving with your 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 licence ever been endorsed?	
Has he/she any physical defects?	
Details of previous accidents?	

### DAMAGE INFORMATION

Damage area to own vehicle	
Indicate previous damage	
Estimate for repairs (or attach quotation)	
Repairers name, address & telephone number	
Where can your damaged vehicle be inspected?	

<b>PASSENGERS (INSURED VEHICLE)</b>			
Passengers in insured vehicle			
Name	Residential address	Injury	
For what purposes were they carried?			
Are they employees?		<b>Yes / No</b>	
Personal injuries (other than in insured vehicles)			
Name of injured	Relationship to accident e.g. driver, passenger	Name of hospital (if applicable)	Details of injuries
<b>OTHER PARTY</b>			
Other vehicles involved in the accident:			
Name of owner & driver	Registration	Make	ID number
Address of owner/driver	Details of damage	Old damage	Colour of vehicle
Property other than vehicle			
Name & address of owner		Details of damage	
<b>INDEPENDENT WITNESSES</b>			
Name	Address	Tel number	
1			
2			
<b>ACCIDENT DETAILS</b>			
Date, time and place			
Speed	Before accident km/h	Moment of impact km/h	
Weather conditions		Visibility	
Road surface		Width of Road	
Which vehicles lights were on		Street lighting	
Was any warning given by you e.g. hooting, indicators etc?			
Police details			
Police officer who recorded accident details:		Police station, case number and date reported:	
Was the driver tested for alcohol/drugs?		<b>Yes / No</b>	
DESCRIPTION OF ACCIDENT:			

SKETCH OF ACCIDENT (if necessary please use separate page)

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

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**PAYMENT METHOD**

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.

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 of account holder	Account number	

**LICENCE INSPECTION**

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

Signature of Insured	Capacity	Date

**DECLARATION**

Signature of Driver	Capacity	Date
Signature of Insured	Capacity	Date

**Please note: It is important that you notify the insurers immediately when you become aware of any impending prosecution, inquest or demand**