



Claim Form

Motor Accident

Authorised Financial Services Provider No. 7090

135 General Hertzog Street, Three Rivers, Vereeniging, Gauteng 1939

Please Complete this form in Full and send to your Broker or to the Claims Handler

The Information that is sought herein is not intended to be an exhaustive list and Uma Underwriters reserves the right to request any further information deemed appropriate while investigating the claim.

THE FOLLOWING DOCUMENTS SHOULD BE PROVIDED FOR THIS CLAIM: SIGNED CLAIM FORM, CLEAR COPY OF DRIVERS LICENCE, POLICE CASE NUMBER AND POLICE REPORT THIRD PARTY DETAILS AND PHOTOS OF VEHICLE DAMAGES IF POSSIBLE. PLEASE ATTACH THE VEHICLE KEYS, A COPY OF THE REGISTRATION CERTIFICATE AND THE LAST SERVICE INVOICE.

INSURED	Claim Number						
	Policy Number						
	Name and Occupation						
	Occupation and Id. No.					Would you like to be notified of Claim updates via SMS?	<input type="checkbox"/>
	Identity Number/Vat Number						
	E-mail Address						
	Contact Numbers		Business		Home		
			Cell				
Address							
VEHICLE	Vehicle Details		Make	Model	Registration no	Year	Kilometers completed
	State if Subject to hire purchase, credit or leasing agreement. If yes, Name, address and account number of finance company.		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Chassis/ Vin Number						
	In whose name is the vehicle registered?						
	Vehicle Value						
DAMAGE	Indicate Old damage on vehicle					Estimate for Repairs or attach a Quotation	
	Repairer's name , address and telephone number						
	Where can your damaged vehicle be inspected? (Current Location of vehicle)						
	Is the Vehicle drivable?		<input type="checkbox"/> YES <input type="checkbox"/> NO				
DRIVER	Full Name						
	Residential Address						
	Occupation and Id. No.						
	Driver's Licence		Month and Year of expiry		Date of Issue and Code Issued		
	State fully the purpose for which the vehicle was being used						
	Was he/she driving with your permission?		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Was he/She in your employ?		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Does he/she have motor insurance, If yes, which insurance company and Policy no.		<input type="checkbox"/> YES <input type="checkbox"/> NO				
	Details of any convictions for motoring offences.						
	Has licence ever been endorsed?		<input type="checkbox"/> YES <input type="checkbox"/> NO				
Has he/She any physical defects?		<input type="checkbox"/> YES <input type="checkbox"/> NO					

Passengers (Insured Vehicle)	Details of Previous accidents						
	Passengers in insured vehicle	Name	Residential Address		Injury		
For what purpose were they being transported/Carried?							
Are they employees?		<input type="checkbox"/> YES <input type="checkbox"/> NO					
OTHER PARTY	Personal Injuries (other than in insured vehicles)	Name of Injured	Relationship to accident	Details of Injuries		Name of Hospital if applicable	
	Other Vehicles	Registration	Make	Name of owner and driver		Contact no	ID Number
		Details of Damage	Old damage	Address of owner and driver		Vehilce colour	
	Property other than vehicles	Name and address of owner		Details of damage			
	Insurance Company						
	Claim number.						
Police station							
Police ref no.							
INDEPENDENT WITNESSES	Name		Telephone number				
	Address						
	Name		Telephone number				
	Address						
Date and Time							
Place where loss occurred (postal code)							
Speed	Before Accident		Moment of Impact				
Weather Conditions							
Visibility							
Road Surface							
Width of Road							
Which vehicles lights were on?							
Street Lighting							
Was any warning given by you, E.g. Hooting, indicator ect.?							
Police officer who recorded details of accident		Police station					
Date reported							
Police ref no.							

ACCIDENT	Was driver tested for alcohol or drugs? <input type="checkbox"/> YES <input type="checkbox"/> NO			
	Result of Test			
	Description of accident			
<p>SCETCH OF ACCIDENT (IF NECESSARY USE SEPARATE PAGE)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident</p>				
STATEMENT	I, The insured have inspected the driver's licence and it is free of endorsement/endorsed as shown <input type="checkbox"/> YES <input type="checkbox"/> NO			
	We hereby Declare the foregoing particulars to be true in every respect			
	Signature of Driver		Date	
	Signature of Insured		Date	
NB: It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.				

PLEASE REMEMBER & TICK

THE FOLLOWING DOCUMENTS SHOULD BE PROVIDED FOR THIS CLAIM:

<input type="checkbox"/>	SIGNED and Completed CLAIM FORM
<input type="checkbox"/>	Clear Copy of drivers licence
<input type="checkbox"/>	POLICE CASE NUMBER AND POLICE REPORT
<input type="checkbox"/>	THIRD PARTY DETAILS
<input type="checkbox"/>	PHOTOS OF VEHICLE DAMAGES IF POSSIBLE

