



# SHORT TERM BROKERS

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Short Term Brokers is an authorised financial services provider – FSP no. 10670

## MOTOR ACCIDENT / MOTOR DAMAGE CLAIM FORM

Insurer:	Policy Number:	Claim Number:	
Insured name:	ID Number:		
Occupation / Business:	Day time Tel number:		
Address:			
Vehicle Details:	Make and model:	Year:	
	Registration number:	Date purchased:	
	Value:	Purchase price:	
Registered Owner's Name:	Kilometers:		
If subject to Hire Purchase, Credit or Leasing Agreement, state name of finance company			
Accident / Incident	Date:	Time:	
	Place:		
	Speed (before)	Speed at moment of impact	NA (unoccupied or stationary)
	Weather and visibility		
	Road surface	Streetlights on?	YES / NO / NA
	Vehicle lights on? YES / NO	Did you give warning?	YES / NO / NA
Police details (if applicable)	Station:	Case number	
	Name of officer:		
	Was driver tested for drugs / alcohol? YES / NO / NA	Result if YES:	
Description and sketch of the accident / incident			
Damage Caused to Own Vehicle:			
Estimate for repairs (attach copy of quotation):			
Repairer's name, address and telephone number:			
Where can your vehicle be inspected?			



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<b>Driver's name:</b>		ID Number:		
Address:				
Driver's license	Date:	Code:	Place:	
FULL / LEARNERS		<b>A CLEAR COPY OF ID &amp; DRIVER'S LICENSE MUST BE ATTACHED</b>		
State fully the purpose for which the vehicle was being used:				
Was driver in your employment?		YES / NO / NA	Was driver driving with your permission?	
			YES / NO	
Has he/she any motor insurance on own car?		YES / NO / NA		
Details of any convictions for motoring offences:				
Has license ever been endorsed?		YES / NO	Does driver have any physical disability?	
			YES / NO	
Any accidents in the last 5 years?				
Passengers	Name	Address	Relationship	Injuries
For what purpose were they being transported?			Are they employees?	YES / NO
Other party	Name and address	Cellphone number	Registration number	Vehicle
Damage to vehicle:				
Does other party have insurance?		Insurance company and policy no:	Broker:	
YES / NO				
Damage to other property:				
Witness	Name	Address		Telephone number
<b>DECLARATION: I / We hereby declare the foregoing particulars to be true in every respect.</b>				
	Date:	Signature of insured:		
	Date:	Signature of driver:		
NB: It is very important that you notify the Insurers immediately if you become aware of any impending prosecution, inquest or demand.				