



Insurance Brokers

Renaissance Insurance Brokers CC

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Motor Accident Claim Form

INSURED	Policy No:		Claim No:			
	Name & Occupation					
	Address & Day Tel No.					
VEHICLE	Identity No. / VAT No.					
	If vehicle is subject to Hire Purchase, Credit or Leasing Agreement		Make	Registration	Model & Year	Kilometers completed
	State name, address & account number of Finance Company					
	Chassis /VIN No.					
DAMAGE	In whose name is the vehicle registered?					
	Damage area to own vehicle				Indicate old damage on vehicle	
	Estimate for repairs or attach quotation					
	Repairer's name, address & telephone no.					
DRIVER	Where can your damaged vehicle be inspected?					
	Full Name					
	Residential Address					
	Occupation					
	Identity No.					
	Drivers Licence		Month & Year of expiry	Date of issue & code issued		
	State full the purpose for which the vehicle was being used					
	Was he / she driving with 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					
	PASSENGERS (INSURED VEHICLE)	Has license ever been endorsed?				
Has he / she any physical defects?						
Details of previous accidents						
Passengers in insured vehicle		Name	Residential address	Injury		
For what purpose they carried?						
Are they employees?						

Sketch of Accident
(if necessary use
separate page)

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

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.

PAYMENT
METHOD

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:

Name of Account Holder:

Account No.:

LICENCE
INSPECTED

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

Signature of Insured

Capacity

Date

DECLARATION

We hereby declare the foregoing particulars to be true in every respect.

Signature of Insured

Capacity

Date

Signature of Insured

Capacity

Date

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