

HELEN KING

"AN AUTHORISED FINANCIAL SERVICE PROVIDER"

NANINI 390 CC t/a HELEN KING

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Address: 40 Milner Road, Essenwood, Durban, 4001 Postal Address: Postnet Suite 190, Private Bag X10, Musgrave Road, 4062

MOTOR ACCIDENT CLAIM FORM

Insurer

Insurer:	
Policy Number:	

Insured

Name:	
Identity Number:	
Business or Occupation:	
VAT Number:	
Physical Address:	
Contact Number:	

Vehicle Details

Full Description, Make and Model:				
Registration Number:				
Chassis / VIN Number:				
Year of Manufacture:				
Tare:				
Gross Vehicle Mass:				
Kilometres Completed:				
Date of Purchase:				
Value:				
Is vehicle subject to Hire, Purchase, Credit or Leasing Agreement:	YES		NO	
If YES, State the name, address & account number of the Finance Company:				
In whose name is the vehicle registered:				
Was the vehicle carrying goods at the time of the incident:	YES		NO	
If YES, please provide details:				

Details of the Damage

Was damage sustained to your own vehicle:	YES		NO	
What is the estimate for repairs to the vehicle (please attach 2 x repair quotations):				
Repairer's Name:		Repairer's Contact No:		
Where can the damaged vehicle be inspected by the assessor:				

Driver Details

Full Name:				
Physical Address:				
Occupation:				
Identity Number (please attach a clear and enlarged copy of the driver's Identity Book/ Card – front and rear):				
Driver's License Number (please attach a clear and enlarged copy of the driver's licence – front and rear):				
State fully the purpose for which the vehicle was being used:				
Was he / she driving with your permission:				
Was he / she in your employ:				
Does the driver have their own motor insurance:	YES		NO	
Details of any convictions for motoring offences:				
Has their licence ever been endorsed:				
Does the driver have any physical or mental defects:				
Details of previous accidents:				

Passengers in the Insured Vehicle
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Full Name:			
Physical Address:			
Details of Any Injuries:			
For what purposes were they carried:			
Are they employees:			

Other Party

Personal injuries (other than in insured vehicle):			
Name of Injured:			
Relationship to accident e.g. driver, passenger:			
Details of Injuries:			
Name of Hospital (if applicable):			
This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF #) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, PRETORIA 0001.			

Other vehicles:			
Registration Number:			
Make and Model:			
Name of Owner / Driver:			
Contact Number:			
Physical Address:			
Details of their damage:			

Accident Sketch

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 the vicinity of scene of accident:

Payment Method

Please specify the name of the bank, branch, name of account and account number into which any claim proceeds should be paid.

Name of Bank:		Account Name:	
Type of Account:		Account Number:	
Branch Code:			

NOTE: WHERE BANK ACCOUNT DETAILS DIFFER FROM BANK DETAILS THAT PREMIUMS ARE DEBITED FROM, PROOF OF BANK DETAILS WILL NEED TO BE MADE AVAILABLE.

License

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

Signature:		Capacity:	
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Declaration

I/ We solemnly declare that these particulars are true, correct, and complete in every respect.

Full Name:		Capacity:	
Identity Number:		VAT Number:	
Company Registration Number:		Date:	
Signature:			

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.