

# garagesure

Consultants & Acceptances (Pty) Ltd

## Motor accident claim form

### Consent to processing of personal information

I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
4. May be verified against legally recognised sources or databases (including credit bureaus).

### Broker details

Broker name

Policy number: Jhb

### Insured details

Full name and surname

ID

Cell

Email

### Vehicle details

Make

Year

Model

Registration

Registered owner name and surname

Chassis number

Engine number

GARAGESURE CONSULTANTS AND ACCEPTANCES (PTY) LTD An authorised financial services provider FSP 4467

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Underwritten by Compass Insurance Company Limited (FSP 12148)

Is the vehicle subject to Hire Purchase, Credit or Leasing Agreement?	Yes	No	If yes:
Name			
Finance Company account number			
Address and code			

### Damage

Damage to own vehicle	
Estimate for repairs R	
→ Please attach quote	
Repairer name	Repairer tel
Repairer address	
Where can your damaged vehicle be inspected?	

### Driver

Full name and surname		ID	
Occupation	Address and code		
Driver licence			
Number	Full	Learner	Place
Code	Date		
Work tel	Home tel	Cell	
Email of driver			
Was he/she driving with your permission?	Yes	No	Was he/she in your employ?
			Yes No
Details of convictions for motoring offences			
Has license ever been endorsed?			
	Yes	No	

### Passengers (insured vehicle)

Passengers in insured vehicle

Name	Injury
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Residential address and code
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Name	Injury
------	--------

Residential address and code
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Name	Injury
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Residential address and code
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For what purpose were they carried?

Are they employed?

### Other parties

This accident must be reported to the Multilateral Vehicle Fund using the special accident report form (MMF 3) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund address is PO Box 2743, Pretoria, 0001.

#### Personal injuries (other than in insured vehicles)

Name	Injuries
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Relationship to accident:	Driver	Passenger	Bystander	Pedestrian
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Name of hospital
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Name	Injuries
------	----------

Relationship to accident:	Driver	Passenger	Bystander	Pedestrian
---------------------------	--------	-----------	-----------	------------

Name of hospital
------------------

Name	Injuries
------	----------

Relationship to accident:	Driver	Passenger	Bystander	Pedestrian
---------------------------	--------	-----------	-----------	------------

Name of hospital
------------------

Name	Injuries
------	----------

Relationship to accident:	Driver	Passenger	Bystander	Pedestrian
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Name of hospital
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### Property other than vehicles

Name of owner	Details of damage
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Address of owner
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Name of owner	Details of damage
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Address of owner
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### Witnesses

Name	Telnumber
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Address and code	Date
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Name	Telnumber
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Address and code	Date
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### Accident

Date of accident	Time of accident
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Place
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Speed before accident (kph)	Speed at moment of impact (kph)
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Weather conditions	Visibility
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Road surface	Width of road
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Which vehicles lights were on?	Street lighting
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Was any warning given by you e.g. hooting, indicators, etc?	Yes	No
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Police Station	Police case number
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Was the driver tested for alcohol or drugs after the accident?	Yes	No
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If yes, please provide us with details:

Description of accident
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## Accident

Sketch of accident. Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs in vicinity of scene of accident.

## Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed at

Date

Signature of the driver

Insured capacity

Signed at

Date

Signature of insured

→ NB: It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand.

The issue of this form is not an admission of Liability.