



**MOTOR ACCIDENT INITIAL CLAIMS NOTIFICATION FORM**

<b>A – Details of the Insurer</b>						
Insurer:	Abelard Underwriting Agency on behalf of Regent Insurance Company Limited					
Policy Number:		Claim No:				
<b>B – Details of the Insured</b>						
Name:				Occupation:		
Address:						
Contact Numbers:	Tel:		Fax:		Cell:	
Identity Number:			Vat Number			
<b>C – Insured Vehicle Details</b>						
Registered Owner:						
Vehicle Details:	Registration Number:					
	Make:		Model:		Year:	
If vehicle is subject to hire purchase, credit or leasing agreement please provide the details of the financing company as follows:						
Name:						
Address:						
Account Number:						
<b>D – Insured Driver Details</b>						
Full Name:						
Residential Address:						
Occupation:						
Identity Number:						
Drivers Licence:	<b>Please attach a CLEAR copy of both sides of the Drivers Licence</b>					
Was the driver driving with the Insureds permission?					Yes	No
Was the driver in the employ of the Insured at the time of the accident?					Yes	No
Has the drivers Drivers Licence ever been endorsed?					Yes	No
Does the driver have any physical defects?					Yes	No
Please provide details of the following:						
The purpose for driving the vehicle:						
Convictions for motoring offences:						
Previous accidents:						
<b>E – Insured Vehicle Passenger Details</b>						
Passengers in the Insured Vehicle:	Name	Residential Address	Injury			

**E – Insured Vehicle Passenger Details Continued:**

For what purpose were they being carried?

Were the passengers employed by the Insured:

Yes

No

**F – Details of Damage to Insured Vehicle**

Details of Damage

Estimate for repairs

R (please ensure you attach the quotation)

Details of Repairer

Name:

Address:

Tel:

**G – Third Party Details:**

Third Party Vehicle details:

Vehicle 1:

Registered Owner:

Address of registered owner:

Make:

Model:

Damage to vehicle:

Insurance Company:

Vehicle 2 :

Registered Owner:

Address of registered owner:

Make:

Model:

Damage to vehicle:

Insurance Company:

Vehicle 3 :

Registered Owner:

Address of registered owner:

Make:

Model:

Damage to vehicle:

Insurance Company:

Damage to Property other than vehicle damage:

Owner 1:

Name:

Address

Details of Damage:

Owner 2:

Name:

Address

Details of Damage:

Owner 3:

Name:

Address

Details of Damage:

Personal Injury to persons in Third Party Vehicle:

This accident must be reported to Road Accident Fund using Form 1, within 2 years, if there is any likelihood of injuries, otherwise the fund may be able to recover from you. The fund address is Private Bag X28 Roggebaai 8012



**I – Details of the Accident Continued**

Sketch of accident

Please show clearly the point of impact and indicate the direction of travel with arrows

Give details of any road safety or warning signs in the vicinity of the accident

(If necessary use a separate page)

**J – Payment Method**

For added security we provide the option of direct payment to the insured of any amounts due to them. Please supply bank details below to make use of this facility:

Account Holder:

Name of Bank:

Branch:

Branch  
Code:

Account Number:

**K – Declaration**

**I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.  
I/We accept and understand that any false or incorrect information could severely prejudice the validity of the claim.**

Signature of Driver:

Date:

Signature of Insured:

Date:

**L – For Official Use Only**

Licence Inspection

**I have inspected the Drivers Licence and it is free of endorsement / endorsed as shown**

Signature:

Capacity

Date: