



Reef Insurance Brokers (Pty) Ltd
Reg No 1983/012774/07 | VAT No 4920108786

Reef House, Cnr Mowbray & Bunyan St, Benoni, 1501
PO Box 1558, Benoni, 1500

MOTOR ACCIDENT CLAIM FORM

BROKER DETAILS

Policy Number _____ Broker _____

INSURED DETAILS

Name _____

ID No | Co.Reg. No _____ Occupation _____

Work Telephone No _____ Home Telephone No _____

Cellphone No _____ Fax Telephone No _____

E-mail Address _____

Physical Address _____

_____ Code _____

VEHICLE DETAILS

Make _____ Model _____

Year _____ Vehicle Kilometers _____

Registration No _____

Registered Owner _____

Is the vehicle subject to a Hire Purchase , Credit or Leasing Agreement? Yes No

Finance Company _____ Account Number _____

Physical Address| Branch _____



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DRIVER DETAILS

Full Name	_____	ID Number	_____
Work Home No	_____	Cellphone No	_____
Physical Address	_____		
		Code	_____
Driver's Licence Code	_____	Endorsements	_____
Date of First Issue	_____		
Who is the principal (regular) driver of this vehicle?	Insured	Spouse	Other
If other, please specify	_____		
State fully the reason for vehicle being used	_____		
Was the driver driving with your permission?	Yes	No	N/A
Was the driver in your employ?	Yes	No	N/A
Does the driver have any motor insurance on his her own vehicle?	Yes	No	N/A
If Yes, state company	_____	Policy Number	_____
Details of previous accidents of the driver (Specify)	_____		

PERSONS INJURED IN INSURED VEHICLE

(Please remember to advise the Road Accident Fund)

Name	Driver Passenger	Details of Injuries	Name of Hospital (If Applicable)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
For what purpose were they being transported? _____			
Are they employees?		Yes	No



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THIRD-PARTY INJURIES

(Persons injured other than in the Insured Vehicle)

Name	Driver Passenger Pedestrian	Details of Injuries	Name of Hospital (If Applicable)

THIRD-PARTY INFORMATION | VEHICLE | PROPERTY DAMAGE

(This is compulsory for recovery purposes)

VEHICLE 1

Make		Model	
Year		Registration Number	
Name of Driver		Name of Owner	
Owners Address		Contact Number	

INSURANCE DETAILS

Policy Number		Insurance Company	
Contact Number		Contact Person	

VEHICLE 2

Make		Model	
Year		Registration Number	
Name of Driver		Name of Owner	
Owners Address		Contact Number	

INSURANCE DETAILS

Policy Number		Insurance Company	
Contact Number		Contact Person	



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DAMAGE TO PROPERTY (NON-MOTOR)

Name of Owner

Address of Owner

Details of Damage

WITNESSES

(This is compulsory for recovery purposes)

Name

Address

Contact Details

Passenger

ACCIDENT DETAILS

DAMAGE

Damage to own vehicle

Estimate for repairs

Attached Quotation

Yes

No

Repairer's Name

Contact Number

Repairer's Address

Date of Accident

Time of Accident

Address where accident occurred



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SPEED

Before Accident _____ Moment of Impact _____

CONDITIONS

Weather	Wet	Dry	Visibility	Good	Poor
Road Surface	Tar	Dirt	Number of Lanes	Single	Multi
Street Lighting	Yes	No			

POLICE DETAILS

Did the police attend the scene? Yes No

Name of Police | Traffic Officer who recorded details of accident _____

Police Station _____ Reference Number _____

Was the driver tested for alcohol | drugs? Yes No

FULL DESCRIPTION OF ACCIDENT



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SKETCH OF ACCIDENT

*(Please show clearly the point of impact and indicate the direction of travel by arrows)
(Give details of any road safety signs in vicinity of scene of accident)*

DECLARATION

We hereby declare all particulars to be true in every respect.

Signature of Insured _____ Date _____

Signature of Driver _____ Date _____
(If not Insured)

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT / POLICY HOLDER / DRIVER ONLY.