



MOTOR ACCIDENT CLAIM FORM

(Claim form to be completed in full and whatever is not applicable mark as N/A.)

INSURER	GUARDRISK INSURANCE CO.LTD	Policy Number	
Insured		Insured Telephone No.	
Insured's Address (Physical)			
HCV AND TRAILER SECTION			
TRUCK TRACTOR	<u>Reg No.</u>	<u>Gross Vehicle Mass</u>	<u>Odometer Reading</u>
<u>Year Model</u>	<u>Make & Model</u>	<u>Value</u>	<u>Date of Purchase</u>
If Vehicle is Subject to Hire Purchase, Credit or Lease, State Name & Address or Finance Company			
In Whose Name is The Vehicle Registered?			
TRAILER FRONT	<u>Reg No.</u>	<u>Gross Vehicle Mass</u>	<u>Odometer Reading</u>
<u>Year Model</u>	<u>Make & Model</u>	<u>Value</u>	<u>Date of purchase</u>
If Vehicle is Subject to Hire Purchase, Credit or Lease, State Name & Address or Finance Company			
In Whose Name is The Vehicle Registered?			
TRAILER REAR	<u>Reg No.</u>	<u>Gross Vehicle Mass</u>	<u>Odometer Reading</u>
<u>Year Model</u>	<u>Make & Model</u>	<u>Value</u>	<u>Date of purchase</u>
If Vehicle is Subject to Hire Purchase, Credit or Lease, State Name & Address or Finance Company			
In Whose Name is The Vehicle Registered?			
LDV AND PRIVATE MOTOR SECTION			
LDV/ PRIVATE MOTOR	<u>Reg No.</u>	<u>Gross Vehicle Mass</u>	<u>Odometer Reading</u>
<u>Year Model</u>	<u>Make & Model</u>	<u>Value</u>	<u>Date of purchase</u>
If Vehicle is Subject to Hire Purchase, Credit or Lease, State Name & Address or Finance Company			
In Whose Name is The Vehicle Registered?			



Underwriting Managers for Guardrisk Insurance Company Ltd
 31a Arterial Road West Oriel Bedfordview 2008, P.O. Box 654 Befordview 2008, Tel: (011) 615 3640 Fax: (011) 615 3678
 Company registration number: 2001/010007/07, Vat registration number: 4490211630, Authorised Financial Services Provider Licence
 Number 9359

Director: CJ Smit



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DAMAGE DETAILS			
Camera fitted in Vehicle?	YES	NO	
Footage available for this incident if yes please forward	YES	NO	
Was the vehicle towed?	YES	NO	
If towed provide details of Towing Company			
Is there damage to the insured vehicle?	YES	NO	
Estimate for repairs or attach quotation			
Repairer's name		Telephone No.	
Where can your damaged vehicle be inspected?			
DRIVER DETAILS			
Full names of Driver at the time of the incident?			
Identity Number			
Driver's PrDP Expiry Date			
Driver's Licence Number & Code			
State fully the purpose for which the vehicle was being used			
Was he/she driving with your permission?			
Was he/she in your employ?			
Details of any convictions for monitoring offences			
Has the driver's license ever been endorsed?			
Has the driver any physical defects?			
PASSENGERS DETAILS			
PASSENGER IN INSURED VEHICLE	Name & Address	Injuries	
LOAD DETAILS (Not applicable to LDV and Private Motor)			
GOODS TRANSPORTED	YES	NO	
Supply copy of Waybill confirming weight carried			



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THIRD PARTY DETAILS				
VERY IMPORTANT FOR RECOVERY PURPOSES				
FULL DETAILS OF OTHER VEHICLES INVOLVED IN ACCIDENT	Registration nr.	Make	Name & Address of owner & driver	Description of damage
PROPERTY OTHER THAN VEHICLES	Name & Address of owner			Description of damages
PERSONAL INJURIES	Name of Injured person	Relationship to Driver	Details of Injuries	Name of Hospital if applicable
(OTHER THAN THOSE IN INSURED VEHICLE)				
WITNESS DETAILS	<u>Name & Surname</u>		<u>Telephone Number</u>	
VERY IMPORTANT FOR RECOVERY PURPOSES	<u>Address</u>			
ACCIDENT DETAILS		<u>Date</u>	<u>Time</u>	<u>Place</u>
Speed		Before accident		Moment of Impact
a) Weather conditions		a)		b)
b) Visibility				
a) Road surface		a)		b)
b) Width of road				
a) Which vehicle lights were on		a)		b)
b) Street lighting				
Was any warning given by you e.g. hooting, indicators etc.?				
POLICE DETAILS		Police Station	Case Number	
Was driver tested for alcohol or drugs?		YES	NO	



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DESCRIPTION OF ACCIDENT

SKETCH OF ACCIDENT

(If necessary use separate page)

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 vicinity of scene of accident.

DRIVERS STATEMENT (IF NECESSARY, USE SEPRATE PAGE)

Signature of Driver

Date

WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT.

Signature of Insured

Capacity

Date



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DOCUMENTS TO SUBMIT WITH ALL CLAIMS (Check List)	YES	NO
Claim form signed and dated by the driver		
Odometer reading must be completed on claim form		
Quotation on own damage		
Load details (Not applicable to LDV and Private Motor)		
SAP case number and station reported to		
Full third party details		
Detailed sketch and description		
Motor Vehicle Licence (applicable to LDV and Private Motor)		
COF received on Truck (Not applicable to LDV and Private Motor)		
COF/s received on trailer (Not applicable to LDV and Private Motor)		
Natis/ Registration Certificate (applicable to HCV, Trailers, LDV and Private Motor)		
Drivers ID or Passport (applies to SA and Foreign National)		
Driver licence PrDP – front & back (applies to SA and Foreign National)		
Driver defensive driving permit – front & back (applies to Zimbabwe Drivers)		
Driver international driving permit – front & back (applies to all Foreign National)		
Work permit issued by SA Department of Home Affairs or copy of passport page stamped at the border post (Driver not permanently residing in South Africa)		
Vehicle movement report		
Camera Footage		
Towing / Recovery invoice The company will not be liable for any storage cost if a non-approved towing company was used, unless otherwise agreed by company. Approved Towing Companies: 1) Car Towing (National) 2) Rieks Towing (National) 3) Joeys Towing (KZN) 4) De Kock (Western Cape)		
Clean-up costs invoice - (if applicable).		



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VEHICLE UNECONOMICAL TO BE REPAIRED

The following documents will be requested after an assessor confirmed the vehicle to be uneconomical to be repaired
Settlement from Hire Purchase/ Lease Agreement (settlement letter must be valid for 30 days)
Original Registration Documents and Two Signed of Ownership forms
Supply copy of original purchase invoice

TOTAL LOSS BY FIRE – TOTALLY DESTROYED

Should a vehicle / trailer or combination be destroyed by a fire and cannot be used at all, the insured must provide us with **Code 4 papers (original) which means the truck / trailer or combination has been scrapped.**

LIGHTNING DAMAGE CLAIMS – HEAVY COMMERCIAL VEHICLE

DOCUMENTS TO SUBMIT WITH LIGHTNING DAMAGE CLAIMS (Check List)	YES	NO
Copy of the completed motor accident claim form		
Vehicle movement report must be submitted		
Exact Co-ordinates where the lightning damage took place must be provided immediately when submitting the claim. This is needed by the SA Weather Service to confirm the incident		
Detailed quotation must be done on the damaged modules		
Damaged modules must be delivered to Captive's offices or couriered		

Before settlement of a claim, will these modules be taken to Precision Auto Lab in Pretoria for a full report on the damage and cause of the damage.



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