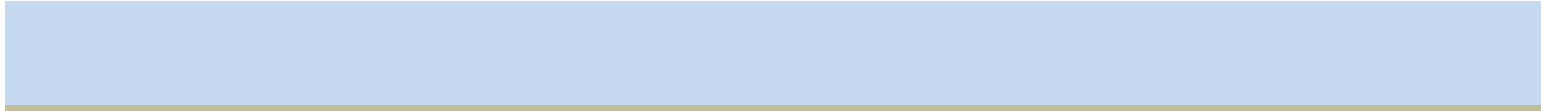




An Authorised Financial Services Provider FSP 40832

motor
 household
 ldv
 business
 hospitality
 value added



Motor Accident Claim Form

Insured Section

Date			
Insured Name			
Insured Licence Code		Licence No:	
Date of Issue			
Insured Id No			
Policy No			
Insured Address			
Suburb			
Town			
Province			
Code			
Contact Person			
Landline Number		Fax Number	
Cell Number			
e-mail address			

Broker		Fsp No	
Contact Number			
Broker Agent			

General Section

PLEASE ANSWER ALL QUESTIONS IN FULL

Insured Occupation					
Insured's Work Address :					
Work Telephone Number :					
Work Email Address :					
Date of loss/accident		DAY		MONTH	2014
Time of loss/accident		AM		PM	
Exact place of Accident					

Client Initials



Motor Vehicle Claim Form

The Driver at time of Accident / Loss					
Surname					
First Names					
ID Number					
Date of Birth					
Daytime Landline Number					
Cell Number					
Occupation of driver					
Drivers Full Address					
License No:					
License Type					
Date and place of issue					
Endorsements / Restrictions					
Previous Convictions					
Has the driver been involved in any previous accident(s)?				Yes	No
If so give full details					
Date of loss	Claim type	Description	Claim amount		
Has the driver ever claimed under motor insurance policy?				Yes	No
Has driver ever been refused any motor Vehicle Insurance or continuation thereof?				Yes	No
Does driver own a motor vehicle and is it insured?				Yes	No
Is the driver in your employ? If so, for how long?				Yes	No
Where any passengers being carried in the course of business?				Yes	No
If so, how many?					
Was the accident caused by you or the other party?					
If caused by you, did you admit liability?				Yes	No

Client Initials



Motor Vehicle Claim Form

The Driver			
Were they members of your family and are they residing with you?	Yes		No
Was anything paid or arranged for the use of the vehicle?	Yes		No
Does the driver suffer from physical defect, infirmity, Impairment, Defective vision or hearing? If so, give full detail			

Other Vehicle and/or Property Involved in Loss	
Name of Other Driver	
Surname Of Other Driver	
Daytime Landline Number of other Driver	
Cell Number of Other Driver	
Home number of the other Driver?	
Address of the other Driver?	
Work Address of the other Dirver?	
Particulars of vehicles damage to other vehicle	
Name of other Party Insurance Company	
Policy Number of the other Party	
Vehicle Make & Model	
Year of make	
Registration No:	
Expiry date of Licence Disk	

Witnesses and Passangers				
Name and Address of all witnesses and all passengers				
Name & Surname	Employer	Address	Contact No	Witness/Passanger

Client Initials



Motor Vehicle Claim Form

Police				
Has the accident or loss been reported to the police?	Yes		No	
Name Of Officer Who Recorded Incident	Police Station		Police Reference/Case Number	
Was driver tested for alcohol or drug substances at any time in connection with the claim?	Yes		No	
Did the police visit the scene of the accident?	Yes		No	
Are there any cases opened? If so, please describe	Yes		No	
What action, if any, has been taken by the police or any other authority?				

Injuries				
Has the accident caused any injuries to any person or persons? If so, give the following particulars:				
Name & Surname	Occupation	Address	Nature Of Injuries	Whether being conveyed or not?
				Ambulance Number
If any injured person has been moved to a hospital or medically attended, give name and address of the hospital or doctor?				

Client Initials



Motor Vehicle Claim Form

The Accident (Motoero Accident, Damage, Fire and Theft)

Sketch of Accident

Client Initials

TOWING OF THE INSURED VEHICLE CONSENT

I, _____ (Insured), hereby consent Affinity Underwriting Managers in moving my vehicle from its current position to an authorised repairer/ salvage yard. Further, I confirm that I am fully aware that subject to the Affinity Underwriting Managers policy wording, that I will be entitled to a maximum refund towards towing in the amount of R1000.00 Vat Incl. towards any towing and release fees pertaining to the claim.

Please Note

Where the insured/ driver has not utilized Affinity Angel Assist Roadside towing company and suppliers, the insured will be responsible for all costs exceeding the specified value of R1000.00. In the event the vehicle is a write-off, the insured will be advised of these release fees and be required to give the insurers permission to remove the car on the agreed release fees, any delay in the release of the vehicle will fall to the insured's own account.

Insured Signature

DAY _____ MONTH _____ 2014

Declaration

- I/We understand that the issue of this claim form is not an admission of liability.
- I/We hereby declare the foregoing particulars to be true in every respect and that
- I/We have not withheld from the Company any information within my/our knowledge connected with the loss.
- I/We have not made admission of liability to any third party.

Drivers Signature

DAY _____ MONTH _____ 2014

Insured Signature

DAY _____ MONTH _____ 2014



Motor Vehicle Claim Form

Requirements to complete Claim

Please read in order to complete and submit claim form

We require the following documents together with the claim forms:

- Clear copy of the front and back of the drivers, drivers license (Please enlarge and copy on Photo quality)
 - Copy of the South African Police Report (This can be obtained from the police department you reported the accident to)
- Please advise the police if they give you hassles, the following: All documents are open to public, and to parties involved in accidents, once state has closed files, the documents become public record, this is common law, unless the parties involved sign a privacy document wherein the document will not be released. The Promotion of Access to Information Act, 2000 (Act No 2 of 2000): Section 15 Notice: Automatically Available Records[2007-07-30]- See Page 9: Annexure A attached.

The following procedure will apply to your claim: (Without Prejudice or Admission of Liability)

- A claim is registered on receipt of your claim form.
- Assessor appointed to view the vehicle at your premises or the panel beater
- If all is in order with your claim the assessor finalises costs, and the insurers authorize repairs and parts are ordered by the panel beater, and car hire arranged (where specified cover exists)
- Work will begin on your vehicle, once completed the vehicle will be collected by you and your excess paid directly to the repairers.
- You will be expected to sign a release form at the panel beater to confirm repairs are in order and complete. (This form does not indemnify your insurer of any hidden damage related to the accident)
- Panel beater, car hire (per conditions) company and assessor submit invoices to insurer for payment
- Once invoices have been paid the file is handed over to the insurer's legal department in order to claim quantum back from the third party/third party insurers if a third party is at fault
- On full recovery of the costs from the third party or his insurer your excess is reimbursed less any applicable fees. Please note that the recovery process can take between 2 -36 months to complete depending on the circumstances of the incident. We do not close your file until the recovery process has been finalized. Please note that the insurer is not obliged to recover your excess but does so as a service to their clients.

Car Hire

This section will only apply if the Car Hire option is shown on the Schedule of Insurance and the additional premium has been paid. Where the relevant endorsement refers on your schedule to terms of cover and within your policy wording this will be applied.

Car hire charges referred to will not include levies, fuel charges, insurance costs, mileage in excess of the free daily limit or any charges other than the actual car hire amount within the class as arranged.

This section will only apply to claims that have been admitted and authorised by Affinity Underwriting Managers and where the hired vehicle is used by the Insured and in the area in which he normally resides.

WRITE OFF VEHICLES (vehicles are written off at insurers discretion and where there are bank agreements, warranties the same quotes are based on original parts)

In the event the vehicle is a write-off, we will immediately remove the vehicle from the panelbeater/ towing yard and move the vehicle to Mandos Salvage Dealers. Your vehicle is then cancelled off cover with the underwriters.

We will require the below in the event the vehicle is a write-off.

- Signed change of ownership paper (Yellow, NCO form - Section A & C needs to be completed by the owner)
- Details and proof of extra's
- Original and duplicate keys

Vehicle on HP:

- Copy of registration certificate and settlement quotation from HP company

Vehicle HP free:

- Original registration certificate
- Letter from insured stating that there is no HP on the vehicle

Please Note – Your claim will only be finalized once full and complete information is received, please ensure the claims form is completed and signed in full and all requested documents are forwarded in order to allow us to expedite the processing of your claim.

The insurers reserve the right to request further documents and information as required depending on the merit and circumstances of losses as applicable.

Client Initials

7.3 DESCRIPTION OF CATEGORIES OF RECORDS AUTOMATICALLY AVAILABLE FOR <i>COPYING</i> IN TERMS OF SECTION 15(1)(a)(ii) (on payment of the fees prescribed in Part II of Annexure A of the Regulations regarding the Promotion of Access to Information, 15 February 2002)	
ALL DIVISIONS	
(1) Policy Documents and National Instructions	(1) The records may be obtained on request in writing addressed to the relevant sub-section head or the relevant divisional commissioner.
(2) Collective Agreements	(2) The records may be obtained on request in writing addressed to the Divisional Commissioner: Career Management for attention Section Head: Labour Relations, Private Bag X 94, PRETORIA, 0001.
<p>(3) ACCIDENT REPORT (NEW OR OLD REPORTS): COPY OR PHOTOCOPY</p> <p><i>Note that —</i></p> <ul style="list-style-type: none"> ▶ with the term “copy” is meant where reproduction is done manually; ▶ a copy or photocopy of a completed accident report will only be furnished to the authorised person; ▶ that when a request is received in writing from the Road Accident Fund, provincial hospitals or ambulance services from provincial hospitals, they are regarded as public bodies or institutions who are entitled to immediately receive a copy of an accident report free of charge. 	<p>(3) The records may be obtained by the authorised person on request in writing on the prescribed request form or the SAPS 512(n) addressed to the relevant office of the Service.</p> <p><i>Note that —</i> The following persons are deemed to be authorised persons:</p> <ul style="list-style-type: none"> ▶ an involved party (e.g: driver, passenger, pedestrian, cyclist, owner of the vehicle, etc.) if he or she can prove that he or she is an involved party; ▶ any private ambulance service that provided an ambulance service to a party involved in an accident if such an ambulance service can proof that such service was rendered; and ▶ a person who is not an involved party or the ambulance service referred to above, only if he or she has written permission or authority of an involved party.