

# MOTOR ACCIDENT CLAIM FORM

Minet Namibia Insurance Brokers (Pty) Ltd  
Risk Consultants and Insurance Brokers

## MOTOR ACCIDENT CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name	<input type="text"/>	Policy Number	<input type="text"/>
Occupation	<input type="text"/>	Contact Number	<input type="text"/>
Insured Address	<input type="text"/>		<input type="text"/>
Agent Name & No	<input type="text"/>	Agent Reference	<input type="text"/>

## PARTICULARS OF VEHICLE

Attach a copy of the Registration Certificate of the Vehicle

Make & Model	<input type="text"/>	Year	<input type="text"/>	Registration No	<input type="text"/>
Odometer Reading	<input type="text"/>	Sum Insured	<input type="text"/>	Date of Purchase	<input type="text"/>
Hire Purchase / Credit or Leasing Agreement Detail (if applicable). State Name and address of Financier.					
<input type="text"/>					

## DAMAGE TO VEHICLE

Damage to own vehicle	<input type="text"/>	Estimated repairs (or attach quotation)	<input type="text"/>
Repairer's name, address & contact no	<input type="text"/>		Where can the vehicle be inspected?
<input type="text"/>			

## DRIVER DETAILS

Full Name	<input type="text"/>	Date of Birth	<input type="text"/>	Occupation	<input type="text"/>
Address	<input type="text"/>			Was he/she in your employ?	<input type="checkbox"/> Y <input type="checkbox"/> N
Driver's License	Number	Date Issued	Place Issued	Code	License Type
(Copy to be attached)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Full <input type="checkbox"/> Learner
State fully the purpose for which the vehicle was being used					
<input type="text"/>					
Has he/she any motor insurance on own car?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state Policy No. and Company		<input type="text"/>	
Detail of any convictions for motoring offences					
<input type="text"/>					
Has licence ever been endorsed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state detail		<input type="text"/>	
Does he/she have any physical defects?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, state detail		<input type="text"/>	
Details of previous accidents					
<input type="text"/>					

## PASSENGERS IN INSURED VEHICLE

Passenger Name	Address	Injury
<input type="text"/>	<input type="text"/>	<input type="text"/>
For what purpose were they being transported?		
<input type="text"/>		
Are they employees?		
<input type="checkbox"/> Y <input type="checkbox"/> N		

**DAMAGE TO OTHER VEHICLES**

Registration No.	Make & Model	Name & Address of Owner & Driver	Detail of Damage
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**DAMAGE TO PROPERTY OTHER THAN VEHICLES**

Name and address of Owner	Details of damage
<input type="text"/>	<input type="text"/>

**IN THE EVENT WHERE A THIRD PARTY IS INVOLVED – PLEASE SIGN THE SUBROGATION CLAUSE BELOW**

**SUBROGATION CLAUSE:**

The Insured will, at the expense of Hollard, do and permit to be done anything in the Insured’s name that may be necessary or reasonably required by Hollard for the purpose of enforcing any right Hollard will become entitled to by means of subrogation, upon the indemnification of the Insured, whether these actions are required before or after the indemnification.

Signature:

**PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)**

Name of Injured	Relationship to accident (e.g. driver, passenger)	Detail of Injury & Hospital Name (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>

**WITNESSES**

Name	Address and Contact detail
<input type="text"/>	<input type="text"/>

**ACCIDENT DETAIL**

Date of Accident	<input type="text"/>	Time of Accident	<input type="text"/>	Place	<input type="text"/>
Speed before Accident	<input type="text"/> kph	Speed moment of impact	<input type="text"/> kph	Visibility	<input type="text"/>
Weather Conditions	<input type="text"/>	Road Surface	<input type="text"/>	Width of Road	<input type="text"/>
Which Vehicle lights were on?	<input type="text"/>	Street Lighting	<input type="text"/>		
Was any warning given by you? (e.g. hooting, indicator, etc)	<input type="text"/>				

Name and Rank of Police/Traffic Officer who recorded detail of accident	Police Station where reported	Police Reference Number / AR Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Was the Driver tested for alcohol or drugs?  YES  NO Result of Test

If Driver was tested for alcohol or drugs, state Police Reference Number / CR Number

Has Driver appeared in Court on criminal charges as a result of this Collision?

If so, state the name of the Court

Date of last Court appearance

What was the outcome of the criminal proceedings

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>