

# AFRICAN MOTOR UNDERWRITERS

POLICY NR.		IDENTITY NO.		VAT REG		
INSURED	Name and Occupation					
VEHICLE	Identity Number		Vat. Registration No.			
	Phone No.	Cell:	Work:	Fax:		
		Make	Tare	Gross Vehicle Mass	Kilometers completed	
	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	Registration	Value	Model and Year	Date of purchase and price paid	
	In whose name is the vehicle registered?					
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairer's name, address and telephone number					
	Where can your damaged vehicle be inspected?					
DRIVER	Full Name					
	Address					
	Occupation					
	Identity Number					
	Driving Licence	No.	Date	Place	Code	Full/Learner
	State fully the purpose for which the vehicle was being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Is he/she the owner of another Vehicle? If yes, give name of insurer and policy number					
	Details of any convictions for motoring offences					
	Has licence ever been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					
	PASSENGERS (Insured Vehicle)	Name		Address		Injury
<b>PASSENGERS INJURED IN VEHICLE</b>						
For what purpose were they carried?						
Are they employees?						
OTHER PARTY	Registration no.		Make		Name and address of Owner and Driver	Details of damage
	<b>OTHER VEHICLES</b>					
	Name of Injured		Relationship to accident e.g. Driver, Passenger etc.		Details of Injured	Name of Hospital if applicable
	<b>PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)</b>					

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WITNESSES	Name, Address, Phone No.					
	Name, Address, Phone No.					
ACCIDENT	Date		Time		Place	
	Speed	Before accident	kph	Moment of impact	kph	
	a) Weather conditions					
	b) Visibility	a)		b)		
	a) Road surface					
	b) Width of road	a)		b)		
	a) Which vehicle lights were on?					
	b) Street lightning	a)		b)		
	Was any warning given by you, e.g. Hooping indicator etc?					
	Police details	Name of Police/ Traffic officer who recorded details of accident			Police Station and Reference No.	
	Was driver tested for Alcohol or drugs?					
	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				
LICENSE INSPECTED	I have inspected the driver's licence and it is free of endorsements/ endorsed as shown.				Signature.....	
	Please attach copies of driver's licence and page 1 of driver's identity document.				Capacity.....	
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.					
	Signature of Driver.....		Date.....			
	Signature of Insured.....		Capacity.....			
	Date.....					
	N.B. 1 IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE AF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.					
	N.B. 2 ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY.					

