MOTOR VEHICLE ACCIDENT CLAIM FORM

Please email to claims@adirect.co.za

Policy Number	

Important notes to read before completing this form

1. ADirect Financial does not admit nor accept liability by issuing of this form.
2. In terms of our contractual obligations with Insurers, assessors may be appointed to assist in quantifying losses and verifying the circumstances.

INSURED DETAILS

Name:													
Surname:													
ID / Reg No:													
Risk Address:													

Contact Numbers:	
Email Address:	

INCIDENT / ACCIDENT DETAILS

Date & Time of Accident:													
Driver Name & Tel No:													
Driver ID No:													
Driver License No:													
Location of Accident:													
Speed Before and at Impact:													
Description of Accident:													

VEHICLE DETAILS

Make & Model:		**Reg. No:**	
Purpose vehicle used for?			
Description of damages:			

3rd PARTY DETAILS

Full Names:		**Contact No**	
Vehicle Make:		**Reg. No:**	
Insurer / Broker:		**Contact No**	

Eyewitness Details	

SAP DETAILS

Police Station:		**Case No:**	

Indicate the following in drawing:

1. Point of impact
2. Direction of travel
3. Distance
4. Road signs
5. Other relevant information

I declare all the above to be true and correct. I undertake to forward any correspondence relating to this incident.

Policyholder Signature:		**Date:**	

NB: Please attach photo of damages, repairers quotation, copy of drivers license & ID