



Coresure Brokers

Authorised Financial Service Provider FSP 47321

**VEHICLE COLLISION CLAIM FORM - THIRD PARTY INVOLVED
MOTOR BOTSING EISVORM - DERDEPARTY BETROKKE**

Insurer/Versekeeraar:		Policy/Polisnr:	
Insured Name/Versekerde Naam		Claim/Eis nr:	
Occupation / Beroep		Tel No:	
Address/ Adres			Postal Code/ Poskode:

VEHICLE DETAILS/ VOERTUIG BESONDERHEDE

Make/Maak		Model:		Year/Jaarmodel	
Date Purchased/Datum gekoop		Purchase Price/ Aankoopprys	R	Current value/ Huidige waarde	R
Current Km/Huidige Km:		Reg No/Reg No		Engine No/Enjin No	
Chassis (VIN) No/Onderstel nr		Exterior Colour/Kleur		Interior Colour/Kleur	
Registered Owner Name & ID No Geregistreeerde eienaar Naam & ID no					
If subject to Hire Purchase, Credit or Leasing Agreement please complete the following/Indien onderhewig aan Huurkoop/krediet of bruikhuur voltooi asb:					
Account/Rekening Nr:					
Type of Agreement/Tipe ooreenkoms:		Outstanding Amount Uitstaande Bedrag:			

DAMAGE REPORT/SKADE VERSLAG

Damage to own Vehicle/ Skade aan eie voertuig:					
Estimate for Repairs (Attach copy of quotation) Geskatte Skade bedrag (Heq kwotasie aan)					
Repairer name/ Hersteller Naam				Repairer/Hersteller Tel No:	
Repairer Address/ Hersteller adres:					
Where can vehicle be inspected? Waar kan die voertuig besigtig word?					

DRIVER DETAILS / BESTUURDER SE BESONDERHEDE

Driver Name, Occupation/Bestuurder, Naam, Beroep & ID No:					
Driver Address/ Bestuurder Adres:					
Driver Licence Date/ Bestuurder Lisensie Datum	Full / Learners Vol/Leerling:	Code: Kode	Place: Plek		
CLEAR copy of ID and Driver's License must be attached / DUIDELIKE afskrif van ID en Bestuurslisensie moet aangeheg word asb.					
State fully the purpose for which the vehicle was used for Beskryf volledig waarvoor die voertuig gebruik was					
Was he/she in your employment Was die bestuurder in u diens?	YES/JA	NO/NEE	Was he/she driving with your permission? Was hy/sy bestuurder met u toestemming?	YES/JA	NO/NEE
Does he/she have any motor insurance on own car? If yes, state Policy No. & Company Beskryf of hy/sy enige motorversekering op hul eie voertuig het. Indien wel, verskaf asb details?					
Details of any convictions for motoring offences: Details oor enige vorige motor oortredings?					
Has licence ever been endorsed? Is u lisensie ooit geëndoseer	YES/JA	NO/NEE	Do you / he / she have any physical disability/ Het die bestuurder enige fisiese gestremdheid?	YES/JA	NO/NEE
Details of previous accidents in the last 5 years Besonderhede van vorige ongelukke die afgelope 5					



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PASSENGER & OTHER PARTY DETAILS / PASSASSIERS & ANDER PARTY BETROKKE SE BESONDERHEDE										
Passengers Passassiers	Name Naam:		Address/Adres:		Injuries: Beseerings					
For what purpose were they being transported ? Hoekom is die passassiers vervoer?							Are they employees? Is hul werknemers?		YES/JA	NO/NEE
Other Party/ Ander Party	Name/Naam		Address/Adres		Reg. No		Vehicle/Voertuig			
Damage to Property/ Skade aan eiendom	Name/ Naam					Address/Adres				
Insurance Company/Broker Contact Details Versekeraar / Makelaar Kontakbesonderhede										
Policy No: Polisnommer			Claim No: Eisonummer				Damages Skade:			
WITNESS DETAILS / GETUIE BESONDERHEDE										
Witness Getuie :	Name/Naam:		Address/Adres:			Tel. No:				
COLLISION DETAILS / BOTSING BESONDERHEDE										
Date & Time Datum & Tyd:					Place/Plek:					
Speed/Spoed		Before Collision/Voor Botsing:								
		Moment of Impact/Tydens Impak								
Weather Conditions/ Weerstoestand:					Visibility Siikbaarheid:					
Road/Pad:		Road Surface Type Pad Onnervlakte Tipe:		Condition/ Toestand			Width/Wydte			
Street Lights On Straat Ligte aan:		YES/JA	NO /NEE				Vehicle Lights On/Voertuig Ligte aan?		YES/JA	NO /NEE
Did you give any warning?Het enige waarskuwing gegee?		YES/JA	NO /NEE	If so, what Indien wel hoe?						
Police Details Polisie Besonderhede:		Station/ Stasie		Ref. No/ Verwysing nommer?			Officer Name/ Beampse se naam?			
Was driver tested for drugs/alcohol? Bestuurder vir alkohol/dwelms getoets		YES/JA	NO/NEE	Result Uitslag						



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COLLISION DESCRIPTION / BESKRYWING VAN ONGELUK

COLLISION SKETCH / SKETS VAN ONGELUK

LICENCE INSPECTION / LISENSIE GEINSPEKTEER

I have inspected the drivers licence and it is free of endorsements/ endorsed as shown
 Ek het die bestuurs lisensie geinspekter en die lisensie is nie geëndoseer nie/
 geëndoseer soos aangetoon:

Signature/Handtekening _____ Capacity/Hoedanigheid _____

DECLARATION / VERKLARING

I/We declare the foregoing details to be true in every respect
 Ek/Ons verklaar dat die voorafgaande inligting in elke opsig
 waar is:

Insured's Signature
 Versekerde se
 Handtekening

Date/Datum:

d	d	m	m	c	c	y	y
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Insured's Signature
 Versekerde se Handtekening

Date/Datum:

d	d	m	m	c	c	y	y
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NB: It is very important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.

Dit is baie belangrik om die versekeraars onmiddellik in te lig sodra u bewus word van enige moontlike derdeparty aanspreeklikheid, navrae, aanmaning of dagvaardiging wat uitgereik is.