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| INSURED | INSURER |  | | | | | | | | | | | | | | | | | | | | |
| POLICY No. |  | | | | | | | | | | BROKER | | | | | ABRAXAS INSURANCE BROKERS | | | | | |
| NAME & OCCUPATION |  | | | | | | | | | | | | | | | | | | | | |
| IDENTITY NUMBER |  | | | | | | | | | | | | | | | | | | | | |
| ADDRESS & DAY PHONE NO |  | | | | | | | | | | | | | | | | | | | | |
| VEHICLE | VEHICLE DETAILS | MAKE | | | | MODEL & YEAR | | | | | | | | | REGISTRATION | | | | | | | KILOMETERS |
|  | | | |  | | | | | | | | |  | | | | | | |  |
| VALUE | | | | DATE OF PURCHASE | | | | | | | | | PRICE PAID | | | | | | | TARE / GVM |
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| IN WHOSE NAME IS THE VEHICLE REGISTERED |  | | | | | | | | | | | | | | | | | | | | |
| DAMAGE | DAMAGE TO OWN VEHICLE |  | | | | | | | | | | | | | | | | | | | | |
| ESTIMATE FOR REPAIRS OR ATTACH QUOTATION |  | | | | | | | | | | | | | | | | | | | | |
| REPAIRERS NAME ADDRESS & TEL NUMBER |  | | | | | | | | | | | | | | | | | | | | |
| WHERE CAN DAMAGED VEHICLE BE INSPECTED |  | | | | | | | | | | | | | | | | | | | | |
| DRIVER | FULL NAME |  | | | | | | | | | | | | | | | | | | | | |
| ADDRESS |  | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION |  | | | | | | | | | | | | | | | | | | | | |
| IDENTITY NO. |  | | | | | | | | | | | | | | | | | | | | |
| DRIVERS LICENCE | DATE | | | PLACE | | | | | | | | CODE | | | | | | | | FULL – LEARNERS | |
| 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 & POLICY NUMBER |  | | | | | | | | | | | | | | | | | | | | |
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| 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) | PASSENGERS  IN INSURED VEHICLE | NAME | | | | | | ADDRESS | | | | | | | | | | | | INJURY | | |
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| FOR WHAT PURPOSE WERE THEY CARRIED |  | | | | | | | | | | | | | | | | | | | | |
| ARE THEY EMPLOYEES |  | | | | | | | | | | | | | | | | | | | | |
| OTHER PARTY | OTHER VEHICLES | REG NO. | | MAKE | | | | | | NAME & ADDRESS OF OWNER & DRIVER | | | | | | | | | | DETAILS OF DAMAGE | | |
|  | |  | | | | | |  | | | | | | | | | |  | | |
|  | |  | | | | | |  | | | | | | | | | |  | | |
| PROPERTY OTHER  THAN VEHICLES | NAME & ADDRESS OF OWNER | | | | | | | | | | | | DETAILS OF DAMAGE | | | | | | | | |
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| PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES) | NAME OF INSURED | | | RELATIONSHIP TO ACCIDENT  e.g. DRIVER, PASSENGER | | | | | | | | | DETAILS OF INJURIES | | | | | | | NAME OF HOSPITAL IF APPLICABLE | |
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| WITNESSES | NAME ADDRESS & PHONE NO. | |  | | | | | | | | | | | | | | | | | | | |
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| NAME ADDRESS & PHONE NO. | |  | | | | | | | | | | | | | | | | | | | |
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| ACCIDENT | DATE, TIME, PLACE | |  | | | | | |  | | | | | | | | | |  | | | |
| SPEED | |  | | | | | | | | | | | | | | | | | | | |
| 1. WEATHER CONDITIONS 2. VISIBILITY | | a) | | | | | | | | | | | | | b) | | | | | | |
| 1. ROAD SURFACE 2. WIDTH OF ROAD | | a) | | | | | | | | | | | | | b) | | | | | | |
| 1. **WHICH VEHICLES LIGHTS WERE ON** 2. STREET LIGHTING | | a) | | | | | | | | | | | | | b) | | | | | | |
| WAS ANY WARNING GIVEN BY YOU  e.g. HOOTING, INDICATOR ETC.? | |  | | | | | | | | | | | | | | | | | | | |
|  | | NAME OF POLICE/TRAFFIC OFFICER WHO RECORDED DETAILS OF ACCIDENT | | | | | | | | | | | | | POLICE STATION & REFERENCE NUMBER | | | | | | |
| POLICE DETAILS | |  | | | | | | | | | | | | |  | | | | | | |
| WAS DRIVER TESTED FOR  ALCOHOL OR DRUGS | |  | | | | | | | | | | | | | | | | | | | |
| DESCRIPTION OF ACCIDENT | |  | | | | | | | | | | | | | | | | | | | |
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| SKETCH OF ACCIDENT  (IF NECESSARY  USE A SEPARATE PAGE) | | PLEASE SHOW CLEARLY THE POINT OF IMPACT AND INDICATE DIRECTION OF TRAVEL BY ARROWS | | | | | | | | | | | | | | | | | | | |
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| LICENCE  INSPECTED | I HAVE INSPECTED THE DRIVERS LICENCE AND IT IS FREE OF ENDORSEMENTS/ENDORSED AS SHOWN | | | | | | | | | | SIGNATURE | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| PLEASE ATTACH COPIES OF DRIVERS LICENCE AND PAGE 1 OF IDENTITY DOCUMENT | | | | | | | | | | CAPACITY | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
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| DECLARATION | WE HEREBY DECLARE THE AFOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT | | | | | | | | | | | | | |  | | | | | | | |
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| SIGNATURE OF DRIVER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | |
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| SIGNATURE OF INSURED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | CAPACITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
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| NB. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND | | | | | | | | | | | | | | | | | | | | | |