|  |  |  |
| --- | --- | --- |
| 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 |
|  |  |  |  |
| 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 |  |
|  |
|  |
| 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) | PASSENGERSIN INSURED VEHICLE | NAME | ADDRESS | INJURY |
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|  |  |  |
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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 OTHERTHAN VEHICLES | NAME & ADDRESS OF OWNER | DETAILS OF DAMAGE |
|  |  |
|  |  |
| PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES) | NAME OF INSURED | RELATIONSHIP TO ACCIDENTe.g. DRIVER, PASSENGER | DETAILS OF INJURIES | NAME OF HOSPITAL IF APPLICABLE |
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|  |  |  |  |
| WITNESSES | NAME ADDRESS & PHONE NO. |  |
|  |  |
| NAME ADDRESS & PHONE NO. |  |
|  |  |
| 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 YOUe.g. HOOTING, INDICATOR ETC.? |  |
|  | NAME OF POLICE/TRAFFIC OFFICER WHO RECORDED DETAILS OF ACCIDENT | POLICE STATION & REFERENCE NUMBER |
| POLICE DETAILS |  |  |
| WAS DRIVER TESTED FORALCOHOL OR DRUGS |  |
| DESCRIPTION OF ACCIDENT |  |
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| SKETCH OF ACCIDENT(IF NECESSARYUSE A SEPARATE PAGE) | PLEASE SHOW CLEARLY THE POINT OF IMPACT AND INDICATE DIRECTION OF TRAVEL BY ARROWS |
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| LICENCEINSPECTED | 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 | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| DECLARATION | WE HEREBY DECLARE THE AFOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT |  |
|  |
|
| SIGNATURE OF DRIVER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |
| SIGNATURE OF INSURED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | CAPACITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| NB. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND |