

A – Details of the Insurer									
Insurer:		Abelard Underwriting Agency on behalf of Guardrisk Insurance Company Limited							
Policy Number:					Claim No:				
B – Details of the Insured									
Name:					Occupation:				
Address:									
Contact Numbers:		Tel:			Fax:			Cell:	
Identity Number:					Vat Number				
C – Insured Vehicle Details									
Registered Owner:									
Vehicle Details:		Registration Number:				Odometer Reading:			
		Make:			Model:			Year:	
If vehicle is subject to hire purchase, credit or leasing agreement please provide the details of the financing company as follows:									
Name:									
Address:									
Account Number:									
D – Insured Driver Details									
Full Name:									
Residential Address:									
Occupation:									
Identity Number:									
Drivers Licence:		Please attach a CLEAR copy of both sides of the Drivers Licence							
Was the driver driving with the Insureds permission?								Yes	No
Was the driver in the employ of the Insured at the time of the accident?								Yes	No
Has the drivers Drivers Licence ever been endorsed?								Yes	No
Does the driver have any physical defects?								Yes	No
Please provide details of the following:									
The purpose for driving the vehicle:									
Convictions for motoring offences:									
Previous accidents:									
E – Insured Vehicle Passenger Details									
Passengers in the Insured Vehicle:		Name		Residential Address			Injury		

**E – Insured Vehicle Passenger Details Continued:**

For what purpose were they being carried?			
Were the passengers employed by the Insured:	Yes	No	

**F – Details of Damage to Insured Vehicle**

Details of Damage			
Estimate for repairs	R (please ensure you attach the quotation)		
Details of Repairer	Name:		
	Address:		
	Tel:		

**G – Third Party Details**

Third Party Vehicle details:			
Vehicle 1:	Registered Owner:		
	Address of registered owner:		
	Contact Number:		Vehicle Registration No: <input type="text"/>
	Make of Vehicle:		Model: <input type="text"/>
	Damage to vehicle:		
	Insurance Company:		
Vehicle 2 :	Registered Owner:		
	Address of registered owner:		
	Contact Number:		Vehicle Registration No: <input type="text"/>
	Make of Vehicle:		Model: <input type="text"/>
	Damage to vehicle:		
	Insurance Company:		
Vehicle 3 :	Registered Owner:		
	Address of registered owner:		
	Contact Number:		Vehicle Registration No: <input type="text"/>
	Make of Vehicle:		Model: <input type="text"/>
	Damage to vehicle:		
	Insurance Company:		
Damage to Property other than vehicle damage:			
Owner 1:	Name:		
	Address		
	Details of Damage:		
Owner 2:	Name:		
	Address		
	Details of Damage:		
Owner 3:	Name:		
	Address		
	Details of Damage:		

<p><b>Personal Injury to persons in Third Party Vehicle:</b>          This accident must be reported to Road Accident Fund using Form 1, within 2 years, if there is any likelihood of injuries, otherwise the fund may be able to recover from you. The fund address is Private Bag X28 Roggebaai 8012</p>
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<b>G – Third Party Details Continued:</b>	
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	Name:	
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H – Witness Details				
Witness 1:	Name:		Tel:	
	Address:			
Witness 2:	Name:		Tel:	
	Address:			

	Name:		Tel:	
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<b>I – Details of the Accident</b>	
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Date:		Time:	
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[illegible]

**I – Details of the Accident Continued**

Sketch of accident

Please show clearly the point of impact and indicate the direction of travel with arrows

Give details of any road safety or warning signs in the vicinity of the accident

(If necessary use a separate page)

**J – Payment Method**

For added security we provide the option of direct payment to the insured of any amounts due to them. Please supply bank details below to make use of this facility:

Account Holder:

Name of Bank:

Branch:

Branch Code:

Account Number:

**K – Declaration**

**I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.  
I/We accept and understand that any false or incorrect information could severely prejudice the validity of the claim.**

Signature of Driver:

Signature of Insured:

Date:

Date:

**L – For Official Use Only**

Licence Inspection

**I have inspected the Drivers Licence and it is free of endorsement / endorsed as shown**

Signature:

Capacity

Date: