

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited

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AGENT/BROKERPolicy no.

Claim no.

DETAILS OF INSUREDName

Surname

Identity no.

 VAT registration no.

Business or occupation

Physical address

Telephone numbers Day

DETAILS OF VEHICLEMake

 Model and year

Tare

 Gross vehicle mass

Kilometers completed

 Registration number

Value N\$

 Date of purchase

If vehicle subject to hire purchase, credit or leasing agreement, state name and address of finance company.

Name of company

Address

In whose name is the vehicle registered?

DETAILS OF DAMAGE TO VEHICLE

Damage to own vehicle

Repairer's name

Repairer's address

Repairer's telephone number

Where can your damaged vehicle be inspected?

DETAILS OF DRIVER

Full names																															
Surname																															
Identity no.																Occupation															
Address																															
Driving licence	Number											Date	D	D	M	M	Y	Y	Y	Y	Full/Learner										
	Place																														

State fully the purposes for which the vehicle was being used.

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Was he/she driving with your permission? YES NO

Was he/she employed by you? YES NO

Is he/she the owner of another vehicle? YES NO

If "YES", please provide name of insurer and policy number.

Name of insurer

Policy number

Details of any convictions for motoring offences.

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Has the licence ever been endorsed? YES NO

Does he/she have an disabilities? YES NO

Details of previous accidents.

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DETAILS OF INJURED PERSONS IN OWN VEHICLE

Name																														
Address																														
Injury																														
Name																														
Address																														
Injury																														
Name																														
Address																														
Injury																														

For what purpose were they carried?

Were they employees? YES NO

DETAILS OF INJURED PERSONS IN OTHER VEHICLES

Registration number	<input type="text"/>	Make	<input type="text"/>
Name of owner	<input type="text"/>		
Address of owner	<input type="text"/>		
Name of driver	<input type="text"/>		
Address of driver	<input type="text"/>		
Details of damage	<input type="text"/>		
Contact details:	Home <input type="text"/>	Work	<input type="text"/>
	Cellphone number <input type="text"/>		
Insurance details:	Company name <input type="text"/>		
	Policy number <input type="text"/>	Claim number	<input type="text"/>
Details of damage	<input type="text"/>		

Property other than vehicles

Name of owner	<input type="text"/>
Address of owner	<input type="text"/>
Details of damage	<input type="text"/>

Personal injuries (other than in insured's vehicle)

Name of injured	<input type="text"/>		
Relationship to accident e.g. driver, passenger etc.	<input type="text"/>	Name of hospital, if applicable	<input type="text"/>
Address	<input type="text"/>		
Telephone number	<input type="text"/>		
Name of injured	<input type="text"/>		
Relationship to accident e.g. driver, passenger etc.	<input type="text"/>	Name of hospital, if applicable	<input type="text"/>
Address	<input type="text"/>		
Telephone number	<input type="text"/>		

ACCIDENT

Date of accident	<input type="text"/>	Time of accident	<input type="text"/>	Place where accident occurred	<input type="text"/>
Speed: Before accident	<input type="text"/>	kph	At impact	<input type="text"/>	kph
Weather condition	<input type="text"/>	Visibility	<input type="text"/>		
Condition of road surface	<input type="text"/>	Width of road	<input type="text"/>	meters	
Which vehicle lights were on?	<input type="text"/>		Street lighting	<input type="text"/>	
Name of police/traffic officer who recorded the details of the accident	<input type="text"/>				
Name of Police station	<input type="text"/>	Police reference no.	<input type="text"/>		
Was driver tested for alcohol or drugs	YES	NO			
Description of accident	<input type="text"/>				

WITNESSES

Name

Address

Tel No

Name

Address

Tel No

Sketch of accident (if necessary use)

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.

I have inspected the driver's licence and it is free of endorsements/endorsed as shown. Please attach copies of driver's licence and page 1 of driver's identity document.

Insured's signature

Capacity

Date

D	D	M	M	Y	Y	Y	Y
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DECLARATION

We hereby declare the following particulars to be true in every respect.

Signature of driver

Insured's signature

Capacity

Date

D	D	M	M	Y	Y	Y	Y
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NOTE

It is important that you notify the insurers immediately as soon as you become aware of any impending prosecution, inquest or demand.

Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accidents fund without delay.