

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited

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AGENT/BROKER

Policy no.

Claim no.

DETAILS OF INSURED

Name

Surname

Identity no. VAT registration no.

Business or occupation

Physical address

Telephone numbers Day

DETAILS OF VEHICLE

Make Model and year

Tare Gross vehicle mass

Kilometers completed Registration number

Value N\$ Date of purchase D D M M Y Y Y

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
	Place	[]			Full/Learner	[]							

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 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?

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Were they employees?

YES NO

DETAILS OF INJURED PERSONS IN OTHER VEHICLES

Registration number		Make		
Name of owner				
Address of owner				
Name of driver				
Address of driver				
Details of damage				
Contact details:	Home		Work	
	Cellphone number			
Insurance details:	Company name			
	Policy number		Claim number	
Details of damage				

Property other than vehicles

Name of owner			
Address of owner			
Details of damage			

Personal injuries (other than in insured's vehicle)

Name of injured			
Relationship to accident e.g. driver, passenger etc.		Name of hospital, if applicable	
Address			
Telephone number			
Name of injured			
Relationship to accident e.g. driver, passenger etc.		Name of hospital, if applicable	
Address			
Telephone number			

ACCIDENT

Date of accident	D D M M Y Y Y Y	Time of accident		Place where accident occurred	
Speed:	Before accident	kph	At impact	kph	
Weather condition		Visibility			
Condition of road surface		Width of road		meters	
Which vehicle lights were on?		Street lighting			
Name of police/traffic officer who recorded the details of the accident					
Name of Police station			Police reference no.		

Was driver tested for alcohol or drugs YES NO

Description of accident

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.