

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

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

metres

Which vehicle lights were on?

Street lighting

Name of police/traffic officer who recorded the details of the accident

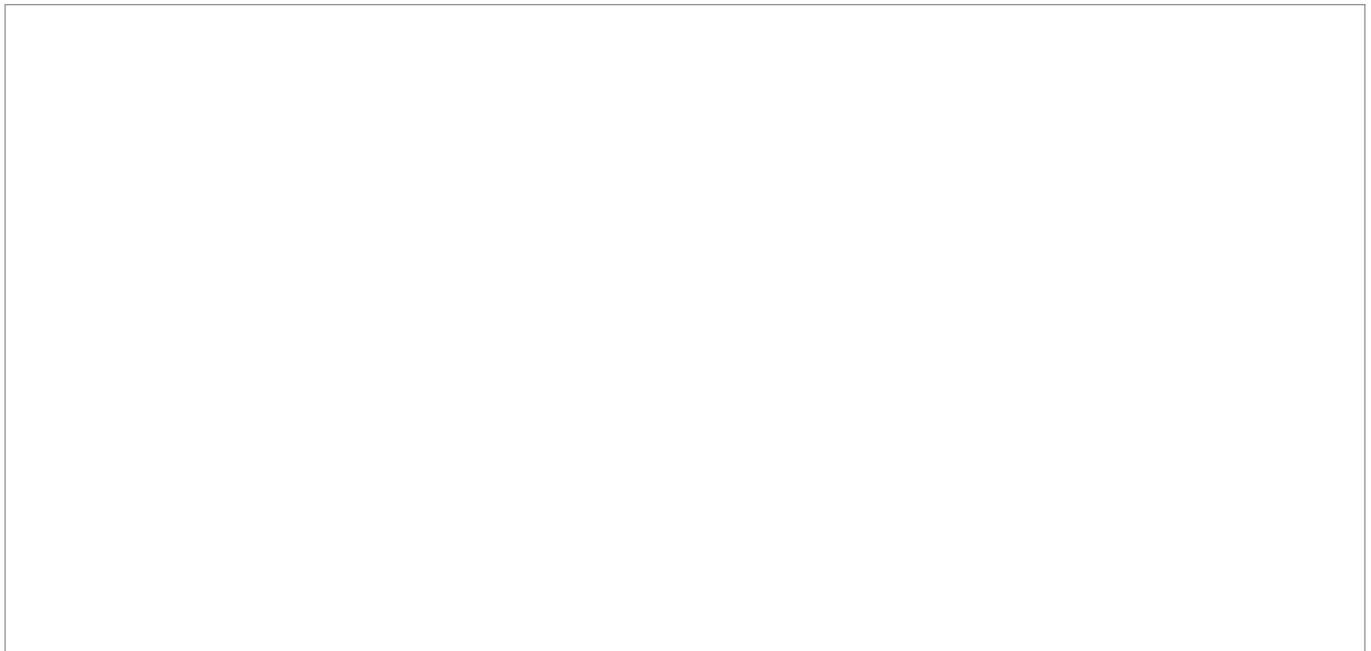
Name of Police station

Police reference no.

Description of accident

**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.**