



subban and subban
insurance group

In association with Composite Insurance Solutions

Subban & Subban Insurance Group FSP License No: 31836 in association with Composite Insurance Solutions FSP License No: 12606
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MOTOR ACCIDENT CLAIM FORM

Policy No:		Claim No:			
Insured	Name and Occupation				
	Address and Day Contact Number				
	ID / VAT / CK number				
Vehicle	Year / Make / Model				
	Registration Number			Kilometers Completed:	
	State if subject to Hire Purchase, Credit or Leasing Agreement	If yes, Name, Address and Account Number of Finance Company			
	Chassis / VIN Number				
	Registered Owner				
Damage	Damage to Own Vehicle			Indicate old damage:	
	Where is the vehicle at present? (State full Address)				
Driver	Full Name				
	Residential Address				
	ID Number			Occupation	
	Driver's License Month & Expiry Date			Date of Issue & Code	
	State fully the purpose the vehicle was being used				
	Was he/she driving with your permission?			Was he/she in your employ?	
	Has he/she any Motor insurance on own car?			If yes, state Policy number & Company	
	Details of any convictions for motoring offences				
	Has License ever been endorsed?				
	Has he/she any physical defects?				
Details of previous accidents					
Passengers in Insured Vehicle	Passengers in Insured vehicle	Name	Residential Address	Injury	
	For what purposes were they carried?				
Are they employees?					

Sketch of Accident
(if necessary use separate page)

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

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the consent clause on the policy schedule for more details in this regard.

Payment method	You may select, for added security, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account holder and account number.	
	Name of Bank:	Branch Name and Code:
	Account Holder:	Account number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

License Inspected	I have inspected the driver's license & it is free of endorsements/endorsed as shown		
	_____ Signature of Insured	_____ Capacity	_____ Date

Declaration	We hereby declare the foregoing particulars to be true in every respect.		
	_____ Signature of driver	_____ Capacity	_____ Date
	_____ Signature of Insured	_____ Capacity	_____ Date

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