

ELITE

WEALTH ASSETS INSURANCE



MOTOR ACCIDENT CLAIM FORM • 2026

ALL PRODUCTS ARE UNDERWRITTEN BY OLD MUTUAL INSURE.
OLD MUTUAL INSURE LIMITED, REGISTRATION NUMBER 1970/006619/06. A LICENSED FSP AND NON-LIFE INSURER.

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Policy number:		Claim number:	
Broker / agent:			

1. INSURED

Name:	
ID Number:	
Occupation:	
VAT Registration:	
Contact No.:	
Address:	

2. VEHICLE

Make:		Year and model:		
Registration number		Mileage:		
Exterior colour:		Interior colour:		
Is the vehicle subject to hire purchase, credit, or leasing agreement?			Yes	No
If Yes, finance company:				
Branch:		Account number:		
Type of agreement:		Outstanding amount:	R	

3. REGISTERED OWNER

Name:	
ID Number:	

4. DAMAGE

Damage to vehicle:			
Estimate for repairs:	R	(Please attach quotation)	
Repairer name:		Repairer contact:	
Repairer address:			
Where can the damaged vehicle be inspected?			

5. INCIDENT DRIVER

Name:	
ID Number:	
Occupation:	
Address:	



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DRIVER'S LICENSE:

License number:				Date issued:			
Place issued:				License code:			
Full license?	Yes		No	Learner driver?	Yes		No
Is the license endorsed?	Yes		No	If Yes, please give details:			
Purpose for which vehicle was used?				Was driver using vehicle with your permission?	Yes		No
Was the driver in your employ?	Yes		No	Does the driver have any disability?	Yes		No
Is the driver the owner of another vehicle?	Yes		No				
Does the driver have any driver's offense convictions	Yes		No	If Yes, please give details:			
Previous accidents?	Yes		No	If Yes, please give details:			

6. INJURED PASSENGERS IN INSURED VEHICLE

Name	Contact number	Injury	Purpose of carry	Employee?			
				Yes		No	
				Yes		No	
				Yes		No	
				Yes		No	

7. OTHER VEHICLES INVOLVED IN INCIDENT

Registration number	Make and model	Name of owner & driver	Contact number

8. DAMAGED PROPERTY (OTHER THAN VEHICLES)

Name and address of owner	Details of damage

9. INJURIES OF THIRD-PARTY VEHICLE PASSENGERS

Name of injured passenger	Relationship to accident	Details of injuries	Name of hospital



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10. WITNESSES

Name:		Contact number:	
Address:			
Name:		Contact number:	
Address:			

11. ACCIDENT DETAILS

Date:					Time:						
Place:											
Speed before accident:					kph	Speed at impact:					kph
Weather conditions:					Visibility:						
Road surface:					Road width:						
Were headlights on?	Yes		No		Street lighting?	Yes		No			
Did you give warning?	Yes		No		If Yes, please give details:						
Was driver tested for alcohol or drugs?					If Yes, please give details:						

DESCRIPTION OF ACCIDENT

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POLICE DETAILS:

Name of officer:									
Police station:					Reference number:				



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SCETCH OF ACCIDENT

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

12. LICENSE INSPECTED

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

Signature:

Capacity:

13. DECLARATION

I/We declare that the information in this form is true in every respect.

Date:

Driver's signature:

Date:

Insured's signature:

NB:

1. It is important that you notify the insurer immediately when you become aware of any impending prosecution, inquest, or demand.
2. Any personal injuries noted must be reported separately to the multilateral motor vehicle accident fund without delay.



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