The human face of insurance

Group Personal Accident Claim form

Policyholder Details

Insurer	Mutual and Federal Risk Financing Ltd					
Insured				Policy Number		
Telephone	Home		Work		Cell	

Broker Details

Broker Name						
Contact	Tel no		Fax		E-mail	

Insured

Full name						
Occupation						
Identity number					Age	
Vat registration no						
Telephone	Home		Work		Cell	
Address						

Vehicle

Make and model				Year	
Registration number		Purchase price		Purchase date	

Anti Theft devices

Make		Fitted by		Date fitted	
Details of window markings		Number		Applied by whom	

Financing Details

Finance company	Branch	Type of agreement	Account number	Amount

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Damage

Damage to own vehicle			
Estimates for repair (attach quotations)		State where the vehicle can be inspected	
Repairer's name		Repairer's Tel no	
Repairer's address			

Police

Name of Officer who recorded details of accident			
Police station			
Date reported		Police ref no	

Driver Details

Full name & surname									
Identity number									
Address									
Occupation			Telephone no						
Driver's licence details	Code		Place of issue		Date of Issue				
State the purpose for which the vehicle was being used									
Was he/she driving with your permission	Yes		No		Is he/she in your employ	Yes		No	
Is he/she owner of another vehicle						Yes		No	
If yes, provide name of insurer and policy number									

Details of any convictions for motoring offences					
Has license ever been endorsed					
Has he/she any physical defects (if yes please state)	Yes		No		
Details of previous accidents					

Passenger Details

Were there any passengers in the insured vehicle, if so please state their name, address and telephone number below								
Name	Address				Tel No			
For what purposes where they being transported			Are they employees	Yes		No		

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Witnesses Details

Name	Address	Tel No

Other Party Details

Registration no	Make and model	Name & address of owner & driver	Damage details
Damage to property other than vehicles (indicate)			

Name of owner	Address	Tel No
Personal Injuries (Other than insured Vehicle)		

Name of injured	Relationship to accident (e.G. Passenger, driver)	Details of injuries	Name of hospital

Accident Details

Date, time and place of accident			
Speed before accident (KPH)		Speed at moment of impact (kph)	
Weather conditions at time of accident		Visibility	
Road Surface		Width of road	
State which Vehicle lights were on		Condition of street lighting	
Was any warning given by you (e.g. Hooter)		Was Driver/s tested For Alcohol or drugs	
Description of accident			

Was a load being transported at the time of the accident?	Yes		No	
If yes, what was the commodity?				

Personal Injuries

(Other than in insured vehicles)

Name of Injured	
Relationship to accident eg driver, passenger etc Details of Injuries	
Name of Hospital, if applicable	

! Your Responsibilty

Group Personal Accident

1. Completed personal accident claim form.
2. First medical / progress report and final report.
3. Gross annual earnings.
4. Medical bills.
5. Confirmation of medical aid.
6. Confirmation of report to workers compensation (if applicable)
7. Progress from Workman's compensation (if applicable)

Disclaimer

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: _____ Signature: _____

Name and surname of signatory: _____

Designation: _____ Date: _____

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Sketch Of Accident

(If necessary use separate page) 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.

Ibiliti Underwriting Managers

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