



FRONTLINE™
UNDERWRITING MANAGERS (PTY) LTD

MOTOR ACCIDENT CLAIM FORM

Old Mutual Insure Limited, Registration Number 1970/006619/06.
A licensed FSP and non-life insurer. (FSP12)

Underwritten/ Administered by Frontline Underwriting Managers (Pty) Ltd
Vat No. 4350242386 Reg. No. 2008/005015/07
Authorised Financial Service Provider: FSP No. 40752

INSURED			
POLICY NUMBER:			
NAME:			
OCCUPATION:			
ADDRESS:			
CONTACT NUMBERS:	(w)		(cell)
	(h)		(fax)
E-MAIL:			

VEHICLE			
Registered Owner (Name in Full)			
Make & Model:		Year:	
Registration No.		Purchase Price:	
		Purchase Date:	
Is the vehicle under warranty or extended warranty?			No
Anti-Theft Devices:			
Make:		Fitted By:	
		Date:	
Details of window markings:			
Number:		Applied by Whom:	
Financing Details:			
Finance Company:	Branch:	Type of Agreement:	Account Number:
			Amount:

DAMAGE											
Damage to own vehicle:											
Estimates for repair											
Photographs of Vehicle (Impact area of damage, the VIN number, the Licence Disk and Odometer to indicate mileage)											
Impact Area of Damage	Yes	No	VIN Number	Yes	No	Licence disk	Yes	No	Odometer	Yes	No
Where can vehicle be inspected:											
Name and contact details of towing operator that towed the vehicle:											

DRIVERS DETAILS																	
Full Name:						Identity No.:											
Address:																	
Occupation:						Telephone:											
Driver's Licence details:																	
Code:			Place of Issue:			Date of Issue:											
State purpose for which vehicle was being used:																	
Was the driver driving with your consent:			Yes			No			Is driver in your employ			Yes			No		
Is driver owner of another vehicle:			Yes			No:											
If yes, provide name of Insurer & Policy No.:																	
Details of previous accidents:																	
Details of any convictions for motoring offences:																	
Has licence ever been endorsed:			Yes			No:											
Does your driver's license have any limitations? If yes, specify:																	

PASSENGER DETAILS			
Passengers in Insured Vehicle	Name:	Address:	Injury:

DECLARATION

I/WE HEREBY DECLARE THE FOREGOING PARTICULARS TO BE TRUE IN EVERY RESPECT AND HEREBY AUTHORISE THE INSURANCE COMPANY TO OBTAIN THE POLICE ACCIDENT REPORT ON MY BEHALF.
I /WE DECLARE THAT WE WILL COMPLY WITH POLICY TERMS AND CONDITIONS AS PER THE POLICY CONTRACT AND POLICY SCHEDULE.
I/WE DECLARE THAT WE WILL NOT ACCEPT OR MAKE ANY SETTLEMENT OFFER TO ANY THIRD PARTY IN RESPECT OF THIS CLAIM WITHOUT THE WRITTEN CONSENT OF THE INSURANCE COMPANY

Signature of Driver:				Date:	
Signature of Insured:		Capacity:		Date:	

We may use your information or obtain information about you for the following purposes:

- Underwriting
- Assessment and processing of claims
- Credit searches and/or verification of personal information
- Claims checks (ASISA Life & Claims Register)
- Tracing beneficiaries
- Fraud prevention and detection
- Market research and statistical analysis
- Audit & record keeping purposes
- Compliance with legal & regulatory requirements
- Verifying your identity
- Sharing information with service providers we engage to process such information on our behalf or who render services to us. These service providers may be abroad, but we will not share your information with them unless we are satisfied that they have adequate security measures in place to protect your personal information.

You may access your personal information that we hold and may also request us to correct any errors or to delete this information. In certain cases you have the right to object to the processing of your personal information.

You also have the right to complain to the Information Regulator, whose contact details are:

<http://www.justice.gov.za/infoereg/index.html>

Tel: 012 406 4818

Fax: 086 500 3351

Email: infoereg@justice.gov.za