



Company Reg. No: 2008/005015/07 Vat Reg. No: 4350242386
Compliance Officer: Moonstone Compliance
Authorised Financial Service Provider – FSP No. 40752

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

INSURED					
Policy Number:					
Name:					
Occupation:					
Address:					Code:
Tel. Number:	(H)	Tel. Number:		(W)	
Cell Number:			Fax Number:		
E-mail:			Identity Number:		
VEHICLE					
REGISTERED OWNER Full Name:					
Make & Model:				Year:	
Registration Number:		Purchase Price:	R	Purchase Date:	
Is the vehicle under warranty or extended warranty?				YES	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:			
In whose name is the vehicle?		Amount:	R		
DAMAGE					
Damage to own vehicle:					
Estimates for repair:	R		R		R
Damage to windscreen				YES	NO
Photographs of Vehicle (Impact area of damage, the VIN number, the Licence Disc and Odometer to indicate mileage)					
Impact Area of Damage	YES	NO	VIN Number	YES	NO
Vehicle Licence Disc	YES	NO	Odometer	YES	NO
Vehicle Licence Disc Expiry Date					
Where can vehicle be inspected?					
Name and contact details of towing operator that towed the vehicle?			Operator Name:		
Towing Company Name:			Telephone Number:		
DRIVER DETAILS					
Full Name:			Identity Number:		
Address:					Code:
Tel. Number:			Occupation:		

Driver's Licence Details:					
Date of issue:		Place of issue:			
Expiry date:		CODE:			
Does your driver's license have any limitations? If YES, specify:					
Has license ever been endorsed?				YES	NO
State purpose for which vehicle was being used:					
Was the driver driving with your consent?	YES	NO	Is the driver in your employ?	YES	NO
Is driver owner of another vehicle?				YES	NO
If yes, provide Name of Insurer & Policy Number:	Insurer:		Policy No:		
Details of previous accidents:					
Details of any convictions for motoring offences:					
PASSENGER DETAILS					
Passengers in Insured vehicle:	YES	NO	No. of Passengers:		
Passenger Name:			Injury:		
Address:			Tel. No:		
Passenger Name:			Injury:		
Address:			Tel. No:		
Passenger Name:			Injury:		
Address:			Tel. No:		
For what purpose were they being transported?			Are they employees?	YES	NO
WITNESS/ES DETAILS					
Witness Name:			Tel. No:		
Address:					
Witness Name:			Tel. No:		
Address:					
Witness Name:			Tel. No:		
Address:					
OTHER PARTY DETAILS					
OTHER VEHICLES	Vehicle Registration		Make & Model:		
	Owner Name:		Tel. No:		
	Cell Number:		Email address:		
	Address:				
	Details of Damage:				
PROPERTY OTHER THAN VEHICLES	Owner Name:		Tel. No:		
	Address:				
	Details of Damage:				
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)	Name of Injured:				
	Name of Hospital:				
	Details of Injuries:				
	Relation to accident (e.g. passenger, driver):				

ACCIDENT DETAILS					
Date of Accident:		Place:		Time:	
Speed – KPH	Before accident:	KPH	Moment of impact:		KPH
Weather conditions:		Visibility:			
Road surface:		Width of Road:			
Which vehicle lights were on:		Street Lighting:			
Was any warning given by you (e.g. hooting)					
Police Details:					
Name of Officer recording details:					
Police Station:		Police Ref No:			
Was driver tested for alcohol or drugs?					
Description of Accident:					
Sketch or photo of accident (add page if required):			<p>PLEASE INDICATE CLEARLY POINT OF IMPACT & INDICATE DIRECTION OF TRAVEL BY ARROWS. GIVE DETAILS OF ANY ROAD SIGNS OR WARNING SIGNS IN VICINITY OF SCENE OF ACCIDENT.</p> <p style="text-align: center;">PHOTOGRAPHS OF THE VEHICLE (Impact area of damage, the VIN number, the Licence Disc and Odometer to indicate mileage)</p>		
LICENCE INSPECTION					
I have inspected the Driver's Licence and it is free of Endorsements / Endorsed as shown, Please attach copy of Driver's Licence.				Signature:	
				Capacity:	

DECLARATION

PLEASE READ THE FOLLOWING DECLARATION VERY CAREFULLY AND READ AGAIN THE QUESTIONS AND ANSWERS, BEFORE SIGNING THE FORM

I/We hereby declare the foregoing particulars to be true in every respect and hereby authorise the Insurance Company to obtain the Policy 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 INSURED

DESIGNATION: _____

NAME IN PRINT: _____

DATE

SIGNATURE OF DRIVER

NAME IN PRINT: _____

DATE

PRIVACY NOTICE – PROTECTION OF PERSONAL INFORMATION ACT (“POPIA”)

We understand that your personal information is important to you and that you may be apprehensive about disclosing it. Your privacy is just as important to us and we are committed to safeguarding and processing your information in a lawful manner.

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.

YOUR rights

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.

To view our full privacy notice with contact details for the Information Regulator, please visit our website on:

<https://frontlineinsurance.co.za/popi/>