

MOTOR VEHICLE LOSS OR DAMAGE

Claim Form

INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

INCIDENT

Incident type

Date & time of incident

Date & time discovered

Date & time reported

Place of loss

What purpose was the vehicle used for

Speed at impact
(where applicable)

Weather/visibility

Was the driver tested for alcohol or drug abuse?
(where applicable)

YES

NO

If the driver was tested for alcohol/drug abuse is the report attached?

YES

NO

Is the incident covered under any other policy of insurance?

YES

NO

POLICE

Place where reported

Date of reporting

Case number (if reported)

VEHICLE DETAILS

Make	
Model	
Year	
Registration number	
VIN number	
Chassis number	
Kilometers completed	
Details of outstanding finance	
Security fitments (immobilizer / tracking devices)	

FULL DETAILS OF DRIVER

Full name		Does the driver have any disabilities including eyesight deficiency?	
ID / passport number			
Occupation		Description of disability	
Was the driver using the vehicle with the insured's permission			

WITNESSES

Witness 1

Name	
Contact number	
Address	

WITNESSES

Witness 2

Name	
Contact number	
Address	

SKETCH OF EVENTS RESULTING IN LOSS OR DAMAGE

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DESCRIPTION OF EVENTS RESULTING IN LOSS OR DAMAGE

INJURIES - INSURED VEHICLE OCCUPANTS

CONTACT DETAILS OF INJURED PERSON

Name	
Contact person	
Contact phone number	
Contact email address	
Description	

MMF Accident form attached?

MMF Accident form submitted within 14 days of accident?

Are the injured occupants of the insured vehicle employees of the insured?

If the injured occupants of the insured vehicle were employees of the insured, what was the purpose of the trip?

DESCRIPTION OF PERSONAL INJURIES TO OCCUPANTS OF INSURED VEHICLE

Name	
Contact person	
Contact phone number	

Contact email address

Full description of injuries

THIRD PARTY DETAILS

CONTACT DETAILS OF THIRD PARTY

Name

Contact person

Contact phone number

Contact email address

Insurer details

Policy number

VEHICLE DETAILS

Make

Model

Year

Registration number

VIN number

Chassis number

Details of damage to
third party vehicle

DESCRIPTION OF PERSONAL INJURIES TO OCCUPANTS OF THIRD PARTY VEHICLE

Name

Contact person

Contact phone number

Contact email address

Full description of injuries

DECLARATION

I / we declare that to the best of my / our knowledge the above statements are true. I acknowledge that the information set out above is provided freely so that Western may process my claim and give effect to the terms and conditions contained in the policy wording. I herewith give my consent that Western may use this information, my personal information on record and additional information obtained from other sources in order to determine whether to accept or reject my claim and take all necessary steps ancillary thereto to give effect hereto. I understand that I may be liable for output VAT in terms of section 8(8) of the VAT Act 89 of 1991.

Insured's signature

Capacity

Date

Cape Town
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