

Claims

Gem & Jewel Acceptance (Pty) Ltd

Reg. No. 1999/013901/07 | FSB LICENCE 5064 | VAT 4200186551
321 Main Road, La Rocca Office Park, Building A, Ground Floor, Bryanston
P O Box 70014, Bryanston, 2021

Tel: 0861 234 GEM/ 436 | Fax: 0861 235 GEM/436

e-mail: info@gemjewel.co.za | web: www.gemjewel.co.za

Directors: Valerie Hayter, Natasha Maroun (Managing), Gary Cross



MOTOR CLAIM FORM

DETAILS OF BROKER

Name of Broker _____ Contact Person _____

Telephone _____ Broker's Code _____

DETAILS OF INSURED

Name of Insured (in full) _____

Contact Person _____ Telephone (H) _____ (W) _____

VAT Number _____ Facsimile _____

VEHICLE DETAILS

Year / Make / Model _____ Reg. No _____

Date of Purchase _____ Kilometres _____

Registered Owner _____

If subject to finance agreement, please state name of company _____

DAMAGE

Description of Damage _____

Name of Repairer _____ Est. cost of repairs

R

Where can vehicle be inspected? _____

STOLEN

Please attach the vehicle keys, a copy of Registration Certificate and the last service invoice

Was the vehicle locked? If no, please state why _____

Date of Loss / Damage _____ Time _____

Detail of stolen accessories (attach invoices) _____

Gearlock **Yes / No** Make: _____
 Vehicle Tracking System **Yes / No** Make: _____
 Identification Features Colour _____ Scratches / Dents _____

Any other features that would assist? _____

DRIVER

Full Name _____ ID Number _____

Residential Address _____

Any other insurance? If so, please state details _____

Occupation _____ Date of Birth _____

Telephone Number (H) _____ (W) _____ (C) _____

Driver's Licence Number _____ Code _____

Date of Issue _____ Place Issued _____

Full / Learner's Licence _____ Endorsements _____

Please attach a copy of Driver's Licence

State fully the purpose for which the vehicle was being used _____

Was he / she driving with your permission? **Yes / No**

Was the driver in your employ? **Yes / No**

Details of any convictions for motoring offences _____

Does the driver have any physical impairments? If so, please state details _____

Details of previous accidents _____

PASSENGERS IN OWN VEHICLE

Name _____ Address _____ Tel No. _____

Injury _____

Name _____ Address _____ Tel No. _____

Injury _____

Name _____ Address _____ Tel No. _____

Injury _____

OTHER PARTY

DAMAGE TO OTHER VEHICLES

Name _____ Address _____ Tel No. _____

Make and Model _____ Address _____

Detail of Damage _____

Insurance Details _____

Name _____ Address _____ Tel No. _____

Make and Model _____ Address _____

Detail of Damage _____

Insurance Details _____

DAMAGE TO PROPERTY OTHER THAN VEHICLE

Name _____ Address _____ Tel No. _____

Detail of Damage _____

Insurance Details _____

PERSONAL INJURIES

Name _____ State Driver / Passenger etc. _____

Detail of Injury _____

Name _____ State Driver / Passenger etc. _____

Detail of Injury _____

WITNESSES

Name _____ Tel No.(H) _____ (W) _____ (C) _____

Address _____

Name _____ Tel No.(H) _____ (W) _____ (C) _____

Address _____

ACCIDENT

Date _____ Time _____ Place _____

Speed before Accident _____ Kph Speed at Impact _____ Kph Visibility _____

Weather Conditions _____ Road Surface _____ Width of Road _____

Car Lights on Yes / No Streets Lights on Yes / No Any form of warning _____

POLICE DETAILS

Police Station _____ Case Reference Number _____

Name of officer on accident scene _____ Tel No. (W) _____ (C) _____

Was any person tested for alcohol / drugs? **Yes / No** If Yes, please state name(s) below:

DESCRIPTION OF THE ACCIDENT

SKETCH OF ACCIDENT

Note: If there are injuries or likelihood of injuries to anyone other than the driver, the accident must be reported to the Multilateral Motor Vehicle Fund.

DECLARATION

I / We hereby declare the foregoing particulars to be true in every respect

Signature of Driver _____ Date _____

Signature of Insured _____ Date _____