



UNDERWRITING MANAGERS

Tel: 0861-00-0090  
E-mail: [claims@keu.co.za](mailto:claims@keu.co.za)  
Website: [www.keu.co.za](http://www.keu.co.za)

## MOTOR ACCIDENT CLAIM FORM

<b>PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS WITH THE COMPLETED CLAIM FORM</b>	<b>1. DRIVER'S LICENSE</b>
	<b>2. POLICE REPORT</b>
	<b>3. 2 X QUOTES FOR REPAIRS</b>
	<b>4. HIRING AGREEMENT - IF APPLICABLE</b>
	<b>5. VALUATION CERTIFICATE - IF APPLICABLE</b>
<b>INSURED:</b>	
<b>POLICY NUMBER:</b> KEU	<b>BROKER:</b>
<b>PRODUCTION/ INSURED NAME:</b>	<b>CONTACT DETAILS:</b>
<b>SHOOT/ EVENT NAME:</b>	
<b>INSURED PHYSICAL ADDRESS:</b>	
<b>POLICE CASE NUMBER:</b>	<b>POLICE STATION:</b>
<b>DATE REPORTED TO POLICE:</b> Day / Month / Year	<b>REPORTED BY:</b>
<b>STATE FULLY PURPOSE FOR WHICH THE VEHICLE WAS BEING USED:</b>	
<b>WAS HE/SHE DRIVING WITH YOUR PERMISSION?</b> If no, please provide detail	<b>YES</b> <b>NO</b>
<b>WAS HE/SHE IN YOUR EMPLOYMENT?</b> If no, please provide detail.	<b>YES</b> <b>NO</b>
<b>WAS THE DRIVER TESTED FOR ALCOHOL OR DRUGS?</b>	<b>YES</b> <b>NO</b> <b>TEST RESULTS:</b>
<b>DRIVER:</b>	
<b>DRIVER'S FULL NAME:</b>	<b>CONTACT NUMBER:</b>
<b>DRIVER'S OCCUPATION:</b>	
<b>DETAILS OF ANY CONVICTIONS FOR MOTORING OFFENCES:</b>	
<b>HAS LICENCE EVER BEEN ENDORSED?</b>	



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## MOTOR ACCIDENT CLAIM FORM

<b>VEHICLE:</b>			
IF THE DAMAGED VEHICLE IS SUBJECT TO HIRE PURCHASE, CREDIT OR LEASING AGREEMENT, STATE NAME & ADDRESS OF FINANCE COMPANY:			
<b>MAKE &amp; MODEL:</b>		<b>GROSS VEHICLE MASS:</b>	
<b>YEAR:</b>		<b>REGISTRATION:</b>	
<b>DATE OF PURCHASE:</b>	Day / Month / Year	<b>KILOMETERS AT TIME OF ACCIDENT</b>	
<b>PURCHASE PRICE:</b>	R	<b>CURRENT RETAIL VALUE:</b>	R
<b>IN WHOSE NAME IS VEHICLE REGISTERED?</b>			
<b>DOES THE VEHICLE HAVE ANY OTHER INSURANCE POLICIES?</b>	YES	NO	
<b>IF YES STATE POLICY NUMBER &amp; COMPANY</b>			
<b>PASSENGERS:</b>			
<b>FULL NAME:</b>	<b>CONTACT NUMBER:</b>	<b>ADDRESS:</b>	<b>INJURY:</b>
<b>REASON FOR BEING TRANSPORTED:</b>			
<b>ARE THEY EMPLOYEES OF INSURED:</b>			
<b>THIRD PARTY:</b>			
<b>NAME OF OWNER:</b>		<b>CONTACT DETAILS:</b>	
<b>NAME OF DRIVER</b>		<b>CONTACT DETAILS:</b>	
<b>REGISTRATION NUMBER:</b>		<b>MAKE</b>	
<b>MODEL:</b>		<b>YEAR:</b>	
<b>DETAILS OF DAMAGE:</b>			
<b>INSURANCE COMPANY:</b>		<b>CLAIM NUMBER:</b>	



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DAMAGE TO PROPERTY OTHER THAN VEHICLES:			
NAME OF PROPERTY OWNER:			
CONTACT NUMBER OF PROPERTY OWNER:			
ADDRESS OF PROPERTY OWNER:			
DETAILS OF PROPERTY DAMAGE:			
PERSONAL INJURIES (OTHER THAN SUSTAINED IN THE INSURED VEHICLE):			
NAME OF INJURED PERSON:			
RELATIONSHIP TO ACCIDENT:			
DETAILS OF INJURIES:			
NAME OF HOSPITAL IF APPLICABLE:			
WITNESSES:			
FULL NAME OF WITNESS		CONTACT NUMBER:	
FULL NAME OF WITNESS		CONTACT NUMBER:	
ACCIDENT DESCRIPTION:			
DATE AND TIME OF THE ACCIDENT	Day / Month / Year		AM PM
EXACT PLACE WHERE LOSS OCCURRED			
CONDITION DETAILS OF ACCIDENT	DETAILS PRIOR TO IMPACT:	DETAILS MOMENT OF IMPACT:	
SPEED:	KM/H	KM/H	
WEATHER CONDITIONS:	A)	B)	
VISIBILITY:	A)	B)	
ROAD SURFACE:	A)	B)	
WIDTH OF ROAD:	A)	B)	
WERE THE VEHICLE LIGHTS ON?	A)	B)	
STREET LIGHTING:	A)	B)	
WAS ANY WARNING GIVEN BY YOU? EG HOOTING, INDICATOR ECT.			



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DETAILED DESCRIPTION OF ACCIDENT:

SCETCH OF ACCIDENT:  
(IF NECESSARY USE SEPARATE PAGE)

### DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that KEU Underwriting Managers (PTY) LTD has been made aware of all important information and that any incorrect information may mean that the claim may be rejected, and the policy cancelled.

I consent to KEU Underwriting Managers, Centriq and its operators, processing and further processing, my personal information in accordance with the Protective of Personal Information Act, for the purpose of concluding and performing in terms of this insurance contract.

For further information please read our Private Notice, which can be found on [www.centriq.co.za](http://www.centriq.co.za)

NAME OF DRIVER:	<input type="text"/>	SIGNATURE	<input type="text"/>	DATE:	Day / Month / Year
NAME OF INSURED:	<input type="text"/>	SIGNATURE	<input type="text"/>	DATE:	Day / Month / Year

NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.