western
Rethink Insurance

MOTOR VEHICLE LOSS OR DAMAGE

CLEAR FORM | PRINT FORM

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)
If the driver was tested for alcohol/drug abuse is the report attached?
Is the incident covered under any other policy of insurance?

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)

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FULL DETAILS OF DRIVER

Full name

ID / passport number

Occupation

Was the driver using the vehicle with the insured's permission

Does the driver have any disabilities including eyesight deficiency?

Description of disability

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 VEHILE 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 was 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

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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
T 021 914 0290
F 021 914 0293
E info@westnat.com

Gauteng
T 012 523 0900
F 012 523 0909
E info@westnat.com

Windhoek
T +264 (0) 61 256 733
F +264 (0) 61 251 056
E info@westnat.com

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