



# sacos

## Motor Vehicle Insurance Claim Form

Motor Private

Motor Commercial

PLEASE COMPLETE IN FULL ALL SECTIONS OF THIS CLAIM FORM AS SOON AS POSSIBLE AFTER THE ACCIDENT AND SUBMIT TO SACOS ALL THE REQUIRED DOCUMENTS AS PER CHECKLIST.

### IMPORTANT INFORMATION

1. All statements must be factual, not influenced or biased in any form.
2. The damaged vehicle must be parked in a safe place, it is understood that the company shall not be responsible for any subsequent loss/theft.
3. Repairs must not be carried out without prior authorisation from Sacos.

### 1. INSURED DETAILS

#### POLICY NUMBER

Name

Postal Address

Occupation

Insurance Certificate Number

Telephone (Mobile)

Telephone (Work)

Email Address

Road License Number

Date of Expiry

**Note:** Please attach a copy

#### THE PERSON SUBMITTING THIS FORM (IF DIFFERENT FROM POLICYHOLDER)

Name

Postal Address

Telephone (Mobile)

Telephone (Work)

Email Address

### 2. VEHICLE DETAILS

Make

Model

Cubic Capacity

Colour

Registration Number

Year of manufacture

For what purpose was it being used?

Business       Pleasure       Other

If other, please provide details

Was it being used under your instructions?

Yes     No

If no, please give details

### 3. DRIVER DETAILS

Name of person driving the vehicle at time of accident

Please provide details, if different from the Insured

Driver's relationship with the insured

Occupation

Telephone (Mobile)

Telephone (Work)

Driver's License validity period:

From (dd/mm/yyyy)

To (dd/mm/yyyy)

Vehicle Class Number

### 4. DETAILS OF THE ACCIDENT/LOSS/DAMAGE

Location of accident

Date (dd/mm/yyyy)

Time (AM/PM)

Speed of the vehicle at time of accident (Km/h)

Was your vehicle always on the left hand side of the road?

Yes     No

Did the Police take particulars?

Yes     No

If the Police did not take particulars at the time of incident, did you report the accident?

Yes     No

If yes, at which Police Station?

Date (dd/mm/yyyy)

State weather condition

State degree of visibility

Good     Moderate     Poor

State road condition

Who do you consider was at fault?

- Myself     Driver     Other

If other, please specify

Please provide a brief statement of how the accident occurred

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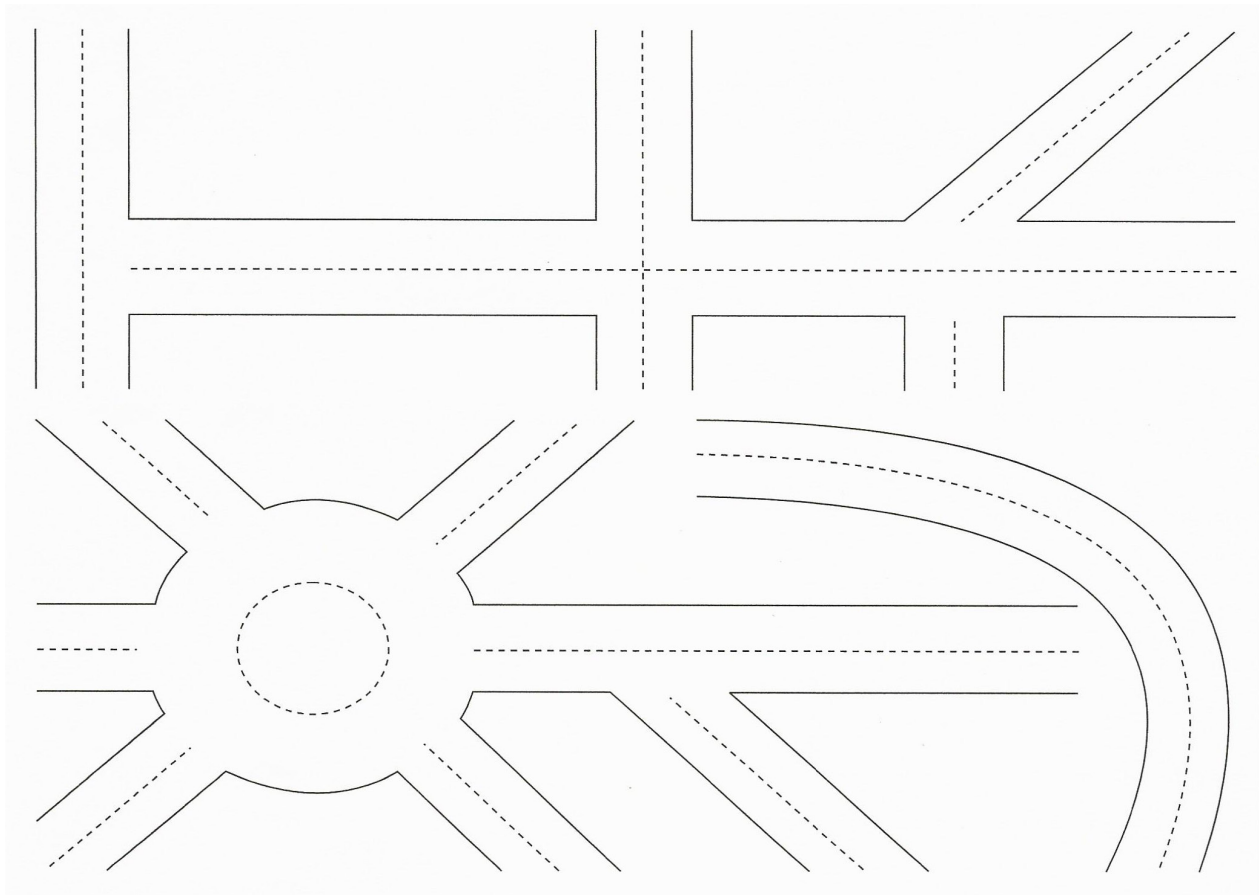
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Please show the position on the Road of Vehicles, or Vehicle, at the point of impact, and indicate their direction and track immediately before the Accident.

If any Vehicle, **Persons (P)** or **Obstacle (X)** were present influencing the Track of the Vehicles concerned, these should also be indicated.



**5. DETAILS OF OTHER PARTY/ PARTIES INVOLVED IN THE ACCIDENT**

Name of driver

Postal Address

Age

Telephone (Mobile)

License number

Vehicle make and model

Name of registered owner

Registration number

Postal Address

Telephone (Mobile)

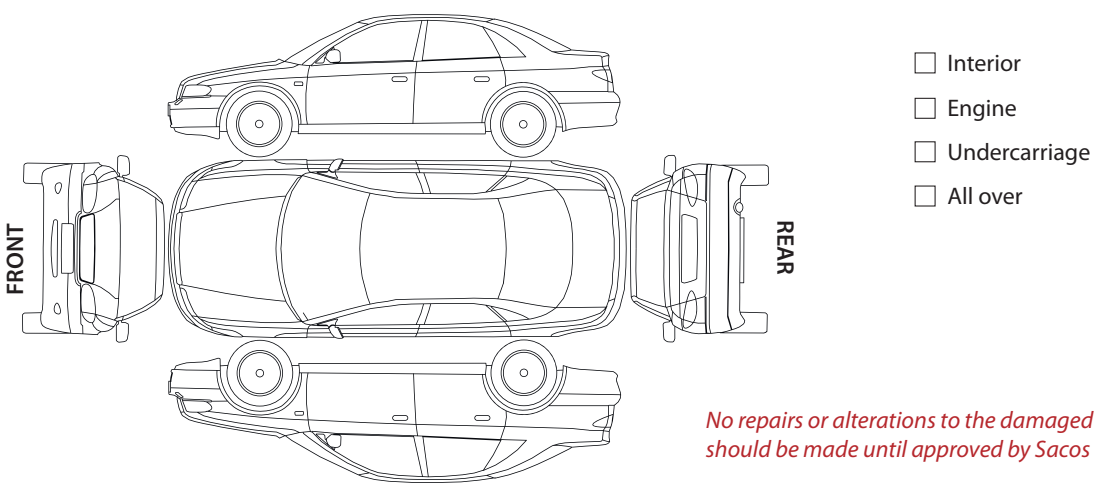
Name of insurance company

Policy number

Description of damage

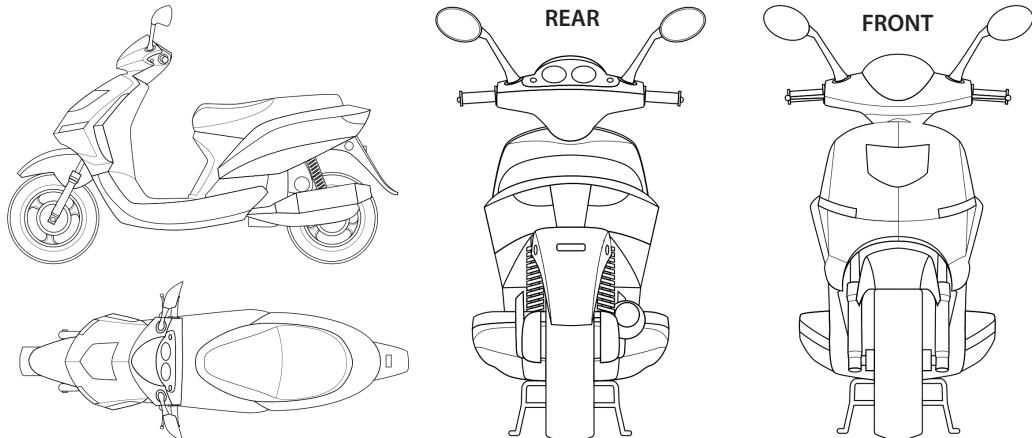
**6. DAMAGE TO OWN VEHICLE**

State extent of damage to your vehicle



Interior  
 Engine  
 Undercarriage  
 All over

*No repairs or alterations to the damaged vehicle should be made until approved by Sacos*



- |                                     |                                     |  |   |
|-------------------------------------|-------------------------------------|--|---|
| Passenger's side                    | Driver's side                       | Car Centre                                   |   |
| <input type="checkbox"/> Front wing | <input type="checkbox"/> Front wing | <input type="checkbox"/> Front               | <input type="checkbox"/> Rear window/screen |
| <input type="checkbox"/> Front door | <input type="checkbox"/> Front door | <input type="checkbox"/> Bonnet              | <input type="checkbox"/> Boot               |
| <input type="checkbox"/> Rear door  | <input type="checkbox"/> Rear door  | <input type="checkbox"/> Front window/screen | <input type="checkbox"/> Rear               |
| <input type="checkbox"/> Rear wing  | <input type="checkbox"/> Rear wing  | <input type="checkbox"/> Roof                |   |

Where can the Vehicle be examined?

Name of Garage

Address

Contact Number

## 7. PERSONAL INJURIES OR DEATH DETAILS

Names and addresses of persons injured/died and particulars of injuries sustained

**A** Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries


Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

**B** Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries


Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

**C** Name

Address

Contact number

Name and addresses of hospital/clinic at which injured person have been treated

Nature of Injuries

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Note: Please attach a copy of medical report, sick leave certificate and death certificate incase of death

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Has a claim been made upon you?     Yes     No

If yes, give full particulars and amount and forward any communications received, unanswered

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*Note: (Please do not accept liability or attempt to negotiate with anyone)*

**8. DAMAGE TO PROPERTY OF OTHER PERSONS**

Name of owner of property damaged

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Postal Address

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Contact Number

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Brief particulars of damage done

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**9. WITNESSES**

Name and addresses of all witnesses

**A** Name

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Address

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Contact Number

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**B** Name

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Address

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Contact Number

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I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that i have not withheld any material fact concerning the accident or the injured party

Signature of Insured or his/her broker or legal representative

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Date and Time

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**LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT** *(To be submitted to the Sacos office)*

**Motor Accident Claim**

- Duly filled and signed claim form
- Copy of Insurance certificate
- Copy of road fund certificate
- Copy of Motor Driving License of the person driving the vehicle at the time of the accident
- Estimate of repairs from the repairer where the vehicle is to be repaired
- Police report
- Police Statement
- Photo(s) of the accident (Optional)

**Motor Injury Claim**

- Medical Report/Medical Note
- Sick Leave Certificate
- Police report
- Police Statement
- Death Certificate (Incase of Death)