OLDMUTUAL

BOTSWANA

MOTOR ACCIDENT CLAIM FORM

(Delete sections not applicable)

Unit 8, Plot 64511, Fairgrounds,
Gaborone, Botswana
Private Bag 00347, Gaborone, Botswana
Tel +267 399 5700
Fax +267 390 3400

Plot 644, Lobengula Avenue,
Francistown, Botswana
Private Bag F43, Francistown, Botswana
Tel +267 399 5700
Fax +267 241 2810

Please print in block letters using black or blue ink.

Policy number | Claim number

Broker/Agent

DETAILS OF INSURED

Name

Surname

Identity number | VAT registration number

Address

Day telephone number | Occupation

DETAILS OF VEHICLE

Make | Registration number

Model | Year

Tare | Gross vehicle mass

Date of purchase Y Y Y Y M M D D | Kilometres completed

Value P

If the vehicle is subject ot Hire Pruchase, Credit or Leasing Agreement, please provide:

Name of finance company

Address of finance company

In whose name is the vehicle registered?

DETAILS OF DAMAGE

Damage to own vehicle

Estimate for repairs or attach quotation P

Where can your damaged vehicle be inspected?

DETAILS OF DRIVER

Full name

Surname

Address

Identity number | Occupation

Driving Licence Full | Learner

Number | Date Y Y Y Y M M D D

Code | Place

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

Was he/she driving with your permission? YES NO

Was he/she in your employer? YES NO

Is he/she the owner of another vehicle? YES NO

If "YES", please provide:

Name of insurer

Policy number

Details of any convictions for motoring offences.

Has the licence ever been endorsed? YES NO

Has he/she any physical defects? YES NO

Details of previous accidents.

DETAILS OF PASSENGERS (INSURED VEHICLE)

Name

Address

Injury

Name

Address

Injury

Name

Address

Injury

For what purpose were they carried

Are they employees? YES NO

DETAILS OF THIRD PARTY

OTHER VEHICLES

Make Registration number

Name of owner

Address of owner

Name of driver

Address of driver

Details of damage

Contact details: Home Work

Cellphone number

Insurance details: Company

Policy/Claim number

PROPERTY OTHER THAN VEHICLES

Name of owner

Address of owner

Details of damage

PERSONAL INJURIES (OTHER THAN IN INSURED'S VEHICLE)

Name of injured

Name of hospital (if applicable)

Relationship to accident e.g. driver, passenger, etc

Details of injuries

Name of injured

Name of hospital (if applicable)

Relationship to accident e.g. driver, passenger, etc

Details of injuries

Name of injured

Name of hospital (if applicable)

Relationship to accident e.g. driver, passenger, etc

Details of injuries

DETAILS OF WITNESSES

Name

Address

Telephone number

Name

Address

Telephone number

DETAILS OF ACCIDENT

Place

Date Y Y Y Y M M D D

Time

Speed: Before accident kph

Moment of impact kph

Weather conditions

Visiblity

Road surface

Width of road

Which vehicle lights were on?

Street lighting

Was any warning given by you, e.g. hooting, indicator, etc.?

YES NO

POLICE REPORT

Name of officer who took recorded details of accident.

Station name

Reference number

Date reported Y Y Y Y M M D D

Was the driver tested for alcohol or drugs? YES ☐ NO ☐

Please give a description of the accident.

SKETCH OF ACCIDENT (IF NECESSARY USE A SEPARATE PAGE)

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident

LICENCE INSPECTED

I have inspected the driver's licence and it is free of endorsements/endorsed as shown. Please attach copies of driver's licence and page 1 of driver's identity document.

Signature

Capacity

Date Y Y Y Y M M D D

DECLARATION BY INSURED PERSON

I/We declare that the above particulars are true in every respect.

Signature of Driver

Date Y Y Y Y M M D D

Signature of Insured Person

Date Y Y Y Y M M D D

Capacity

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