Namibia Driveable Motor Vehicle Assessments (Pty) Ltd
P O Box 29141, Windhoek. Tel: 083 331 1000 Fax: 083 331 1029

MOTOR ACCIDENT CLAIM FORM

(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name		Policy Number	
Occupation		Contact Number	
Insured Address			
Agent Name & No		Agent Reference	

PARTICULARS OF VEHICLE

Attach a copy of the Registration Certificate of the Vehicle

Make & Model		Year		Registration No	
Odometer Reading		Sum Insured		Date of Purchase	

Hire Purchase / Credit or Leasing Agreement Detail (if applicable). State Name and address of Financier.

DAMAGE TO VEHICLE

Damage to own vehicle		Estimated repairs (or attach quotation)	
Repairer's name, address & contact no		Where can the vehicle be inspected?	

DRIVER DETAILS

Full Name		Date of Birth		Occupation	
Address		Was he/she in your employ?	YES	NO	

Driver's License	Number	Date Issued	Place Issued	Code	License Type	
(Copy to be attached)					Full	Learner

State fully the purpose for which the vehicle was being used				
Has he/she any motor insurance on own car?	YES	NO	If yes, state Policy No. and Company	
Detail of any convictions for motoring offences				
Has licence ever been endorsed?	YES	NO	If yes, state detail	
Does he/she have any physical defects?	YES	NO	If yes, state detail	
Details of previous accidents				

PASSENGERS IN INSURED VEHICLE

Passenger Name	Address	Injury

For what purpose were they being transported?		Are they employees?	YES	NO

DAMAGE TO OTHER VEHICLES

Registration No.	Make & Model	Name & Address of Owner & Driver	Detail of Damage

DAMAGE TO PROPERTY OTHER THAN VEHICLES

Name and address of Owner	Details of damage

IN THE EVENT WHERE A THIRD PARTY IS INVOLVED – PLEASE SIGN THE SUBROGATION CLAUSE BELOW

SUBROGATION CLAUSE:

The Insured will, at the expense of Namibia Driveable Motor Vehicle Assessments, do and permit to be done anything in the Insured's name that may be necessary or reasonably required by Namibia Driveable Motor Vehicle Assessments for the purpose of enforcing any right Namibia Driveable Motor Vehicle Assessments will become entitled to by means of subrogation, upon the indemnification of the Insured, whether these actions are required before or after the indemnification.

Signature:

PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)

Name of Injured	Relationship to accident (e.g. driver, passenger)	Detail of Injury & Hospital Name (if applicable)

WITNESSES

Name	Address and Contact detail

ACCIDENT DETAIL

Date of Accident		Time of Accident		Place	
Speed before Accident	kph	Speed moment of impact	kph	Visibility	
Weather Conditions		Road Surface		Width of Road	
Which Vehicle lights were on?				Street Lighting	
Was any warning given by you? (e.g. hooting, indicator, etc)					

Name and Rank of Police/Traffic Officer who recorded detail of accident	Police Station where reported	Police Reference Number / AR Number

Was the Driver tested for alcohol or drugs?	YES	NO	Result of Test
If Driver was tested for alcohol or drugs, state Police Reference Number / CR Number			
Has Driver appeared in Court on criminal charges as a result of this Collision?			
If so, state the name of the Court			
Date of last Court appearance			
What was the outcome of the criminal proceedings			

Detailed Description of Accident

SKETCH OF ACCIDENT (USE SEPARATE PAGE IF NECESSARY)

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

Signature of Driver _____ Date _____

Signature of Insured _____ Capacity _____ Date _____

It is important that You notify Us immediately You become aware of any impending prosecution, inquest or demand.
*This form should be **completed fully without delay** and forwarded to the Company at one of the above addresses or your broker / agent.*
The issue of this form does not imply an admission of liability.

LICENSE INSPECTION

I have inspected the driver's license and it is free of endorsements / endorsed as shown.

Signature _____ Capacity _____ Date _____