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	Name	1						
	& Occupation							
KED	& Occupation							
INSURED	ID No							
	Address & Phone							
	E-Mail Address							
щ		Make	Tare		Gross veh Mass		Kilometers	
VEHICLE	If vehicle subject to hire purchase, creditor	Reg no	Value		Model & year		Completed Date of purchase	ĩ
	Leasing agreement, state name of company							
	Damage to own vehicle	1						
DAMAGE	Estimate for repairs or attach quotation							
DA	Repair's name, address & telephone no							
	Where can your vehicle be inspected							
	Full Name							
	Address							
	Occupation							
	Identity Number							
DRIVER	Driving licence	No	Date		Place		Code	Full/Learner
Q	State fully the purpose for which the vehicle is used							
	Was he/she driving with your permission?							
	Was he/she in your employ?							
	Is he/she owner of another vehicle? If yes,							
	give name of insured and policy no							
	Deatils of any convictions for motoring offences?							
	Has licence ever been endorsed?							
	Has he/she any physical defects?							
	Details of any previous accidents?							
RS	Passengers in insured vehicle	Name		Address		Injury		
OTHER PARTY PASSENGERS		_						
	For what purpose were they carried?							
	Are they employees?							
		Make of vehicle	Registration	Name & Contacts of	f driver	Details of dan	nage	
	OTHER / THIRD PARTY							
	VEHICLES							

PROPERTY OTHER THAN VEHICLES	Name and address of owner		Details of damage			
PERSONAL INJURIES (OTHER THAN IN	, ,	Relationship to accident e.g Driver, passenger etc.	Details of injuries	Name of hospital if applicable		
INSURED VEHICLE)						

SES	Name, address & phone no's						
WITNESSES							
N	Name, address & phone no's						
	DATE / TIME / PLACE		Date	Time		Place	
	Speed		Before accident KPH		Moment of impact KPH		
	A) Weather Conditions B) Visibility		A)		B)		
	A) Road surface B) Width of road		A)		B)		
	A) Which vehicles lights were on? B) Street Lighting?		A)		B)		
	Was any warning given by you e.g. Hooting, indicator etc?						
ACCIDENT	Police Details		Name of polife/traffic officer who recorded details of accident			Police station and reference no	
ACC	Was driver tested for alcohol or drugs?						
	DESCRIPTION OF ACCIDENT						
	SKETCH OF ACCIDENT	Please show clearly the point of impact and indicate the signs or warning signs in vicinity of the scene of the act of the scene of the act of the scene of the s				ows. Give details of any road safety eparate page)	

Q	I have inspected the driver's licence and it is free of endorsments / endorsed as shown							
LICENCE INSPECTED	Please attach copies of driver's licence, page 1 of drivers iden	Signatui	re					
	and public driving permit (if applicable)	, Capacity	у					
DECLARATION	We hereby declare the foregoing particulars to be true in every aspect.							
	Signature of Driver	Date						
	Signature of Insured	Capacity	Date					
	Insured's VAT registration no (if applicable)							
	N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND							

Your banking details:			
Account holder name:			
Name of Bank:			
Branch Code:			
Account number:			
VAT Number:			