

WHEELS MOTORCYCLE ACCIDENT CLAIM FORM

Every question must be answered fully (can be answered in English or Afrikaans). The abbreviation N/A should be used where the question is not applicable. The Company does not admit liability by the issue of this form.

wheels
On behalf of Constantia Insurance Co. Limited
Reg. No. 1952/01514/06
VAT Reg. No. 920108935

INSURED					
NAME		INTERMEDIARY			
ADDRESS		POLICY NO.			
		TELEPHONE NO. (DAY)			
		I.D. NUMBER			
		OCCUPATION			
<i>MOTORCYCLE</i>					
<i>MAKE</i>		MODEL			
YEAR		VALUE	R	KILOMETRES COMPLETED:	
REGISTRATION		DATE OF PURCHASE			
		PRICE PAID		R	
If the motorcycle is subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company					
<i>DAMAGE (please attach TWO quotations)</i>					
<i>DAMAGE TO OWN MOTORCYCLE</i>					
ESTIMATE FOR REPAIR					
REPAIRERS NAME ADDRESS AND TELEPHONE NUMBER, E-MAIL ADDRESS AND FAX NUMBER					
WHERE CAN YOUR DAMAGED MOTORCYCLE BE INSPECTED?					
<i>RIDER (please attach a copy of the license and front page of the ID book)</i>					
FULL NAME		ID NUMBER			
ADDRESS					
TELEPHONE NO.		DATE OF BIRTH			
DRIVING LICENCE		NUMBER	DATE FIRST OBTAINED	PLACE	CODE
					FULL <input type="checkbox"/>
					LEARNER <input type="checkbox"/>
STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED					

WAS HE/SHE RIDING WITH YOUR PERMISSION?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
WAS HE/SHE IN YOUR EMPLOY?	YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAS HE/SHE ANY MOTOR INSURANCE ON HIS/HER VEHICLE? IF YES, GIVE POLICY NO. AND NAME OF COMPANY.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DETAILS OF ANY CONVICTION FOR MOTORING OFFENCES?			
HAS LICENCE EVER BEEN ENDORSED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	HAS HE/SHE ANY PHYSICAL DEFECTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
DETAILS OF PREVIOUS MOTORCYCLE ACCIDENTS/CLAIMS			
HAS ANY CLAIM BEEN REPUDIATED?	YES <input type="checkbox"/> NO <input type="checkbox"/>		

PILLION (Insured Motorcycle)

<i>Pillion on insured Motorcycle</i>	<i>Name</i>	Address	Injury (see below)
<i>For what purpose was pillion being carried?</i>			
<i>Is he/she an employee?</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Damage to or details of other vehicle	Registration Number	Make	Name and Address of owner

OTHER PARTY

Damage to property other than vehicles	Name and Address of owner	Details of damage

WITNESSES

WITNESS 1	NAME	PHONE NUMBER	
	ADDRESS	E-MAIL ADDRESS	
WITNESS 2	NAME	PHONE NUMBER	
	ADDRESS	E-MAIL ADDRESS	

DETAILS OF ACCIDENT

DATE		TIME	AM <input type="checkbox"/> PM	PLACE	
SPEED BEFORE ACCIDENT			kph	SPEED AT MOMENT OF IMPACT	
				kph	
WEATHER CONDITIONS			VISIBILITY		
ROAD SURFACE			WIDTH OF ROAD		
WHICH VEHICLE LIGHTS WERE ON?			STREET LIGHTING		

WAS ANY WARNING GIVEN BY YOU (E.G. HOOTING, INDICATOR)	YES <input type="checkbox"/> NO <input type="checkbox"/>	(If yes give specifics)
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WAS RIDER TESTED FOR ALCOHOL OR DRUGS?	YES <input type="checkbox"/> NO <input type="checkbox"/>	RESULT OF TEST
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PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ACCIDENT	

POLICE DETAILS	NAME OF POLICE OR TRAFFIC OFFICER	POLICE STATION	REFERENCE NO.

Please attach a sketch of the Accident.

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.

DECLARATION

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

SIGNATURE OF RIDER Date

SIGNATURE OF INSURED Date