



**CHS Claims Handling Services (Pty) Ltd**

**Tel:** 0861 474 702

**Fax:** 021 914 8173

**E-mail:** claims@chsclaims.co.za

4th Floor, 4 Bridal Close, CRF Building,

Tyger Falls, Bellville, 7530

P.O. Box 3516, Tygervalley, 7536

## **MOTOR ACCIDENT**

Claim for the loss of or damage to your insured vehicle.

To ensure your claim is processed correctly, it's crucial to supply the following documentation when claiming.

Copy of the policy holder's ID.	
Copy of the driver's licence. (Driver at the time of the incident)	
Proof of PDP (taxi claims only)	
<b>If the vehicle is in your possession, please include:</b>	
Photos of Damages	
Photo of Licence Disk	

**Directors:** SW Reyneke, A Joubert

**Reg Nr:** 2009/010034/07 • **CHS is an Authorised Financial Service Provider:** FSP46862



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**MOTOR ACCIDENT (OR OTHER DAMAGES) CLAIM FORM**

*This Claim Form must be completed in FULL. ALL questions MUST be answered with details / yes / no or not applicable.*

Date of Loss	DD	MM	YYYY	Time of Loss			AM	PM
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**INSURED DETAILS**

Insured ID No				Occupation				
Initials, Name & Surname								
Cell No								
E-mail Address								

**POLICY DETAILS**

Insurer / Broker								
Policy No:								

Do you have other insurance covering the same loss? If yes, give details:

_____								
_____								

**INSURED VEHICLE (A) DETAILS**

Registration No:				Vin No:				
Make			Model			Year		Km
Financier / Bank				Account Nr.				
Registered Owner								

**INSURED VEHICLE (A) DAMAGES**

Is it drivable?	Yes		No		If No, who towed it?			Tel No
Where is it?	Repairer Name							
	Repairer Address							
	Tel No							

**DRIVER OF INSURED VEHICLE (A)**

Driver ID No				Occupation				
Driver Surname				Initials		Name		
Cell No								

For what purpose was the vehicle used?

Did the Insured give you permission to drive the vehicle?	Yes		No	
Were you in the employment of the Insured?	Yes		No	
Do you have any motor insurance on your own vehicle?	Yes		No	

Insurer & Policy

License First Issue Date	DD	MM	YYYY	Licence Code				
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State details of any previous accidents

Was the Driver tested for Alcohol or Drugs?	Yes		No					
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Results

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**PASSENGERS IN INSURED VEHICLE (A)**

	Passenger 1	Passenger 2	Passenger 3	Passenger 4
Name				
Tel No				

**DETAILS OF OTHER VEHICLES IN ACCIDENT**

	Vehicle B	Vehicle C	Vehicle D	Vehicle E
Registration No				
Make				
Driver				
Driver Tel No				

**ACCIDENT DETAILS**

Place of Loss						
Speed Driven:						
CONDITIONS (Mark with x)	Weather Conditions	Wet	Dry	Warning Given	Yes	No
	Visibility	Good	Poor	Street Lighting:	Yes	No
	Type of Road Surface	Tar	Dirt	Vehicle lights on?	Yes	No
POLICE DETAILS	Reference No			Station		
	Inspector			Date Reported		
Witness	Name			Tel No:		
Witness	Name			Tel No:		

**ACCIDENT DESCRIPTION**

Describe how the accident happened. You are vehicle A. Use B - E as completed above for the other vehicles.

**SKETCH OF ACCIDENT**

Make a sketch of the roads, direction of travel and impact. You are vehicle A.  
Use B-E as completed above for the other vehicles.

The Policy limit for towing is R1 500.  
I give consent to CHS Claims Handling Services (Pty) Ltd (CHS) to move my vehicle to an approved Panelbeater.

**DECLARATIONS**

I DECLARE THAT THE INFORMATION SUBMITTED IN THIS CLAIM FORM IS TRUE AND CORRECT IN EVERY RESPECT. I AGREE TO THE TOWING CONSENT.

INSURED'S SIGNATURE:		DATE
BROKER SIGNATURE:		DATE AND TIME