



# Knights Insurance Brokers

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## MOTOR CLAIM FORM

### INSURED

Policy Number	
Name & Surname	
Residential Address	
Telephone Number/s	
Occupation	
Marital Status	

### VEHICLE

Make	
Year and Model	
Registration Number	
Value	
Kilometers Completed	
Tare	
Gross Vehicle Mass	
Date of Purchase	
Finance Company	

### DRIVER

**(PLEASE SEND COPY OF ID AND LICENSE)!!!!!!**

Name & Surname	
Residential Address	
Telephone Number/s	
ID Number & Occupation	
State fully purpose for which the vehicle was being used	
Details of any convictions for motoring offences	
Has license ever been endorsed?	
Does he / she have any known physical defect?	
Details of previous accidents	
Code of driver's license & date of issue	

**DAMAGE**

Damage to vehicle	
Where is damage to vehicle	
Repairer's name, address & telephone number/s	
Where is the vehicle?	
Where can your damaged vehicle be inspected?	

**OTHER PARTY (DAMAGE TO THE OTHER VEHICLE)**

Name of Driver	
Name of Owner	
Residential Address	
Telephone Number/s	
Insurance Company	
Policy Number	
Vehicle Description	
Registration Number	
Details of Damage	

**DAMAGED TO PROPERTY OTHER THAN VEHICLE**

Name & Surname	
Residential Address of Owner	
Telephone Number/s	
Details of Damage	

**INJURIES:****PASSANGERS (INSURED VEHICLE)**

Name & Surname	
Residential Address	
Injury	
For what purpose were they being transported?	
Are they Employees?	
Telephone Number/s	



**SKETCH OF ACCIDENT (IF NECESSARY USE SEPARATE PAGE)**



**I / We hereby declare the foregoing particulars to be true in every respect.**

**Signature of Driver** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of Insured** \_\_\_\_\_

**Date** \_\_\_\_\_

**NB: IT IS IMPORTANT THAT YOU NOTIFY KNIGHTS INSURANCE BROKERS IMMEDIATELY YOU BECOME AWARE OF ANY FUTURE PROSECUTION, INQUEST OR DEMAND FROM ANY PARTY RELATING TO THIS ACCIDENT.**