



FIRST INTERNATIONAL

MOTOR ACCIDENT CLAIM FORM

All questions must be answered fully (can be answered in English/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.

DETAILS OF THE INSURED				
NAME & SURNAME / COMPANY DETAILS				
INSURER				
POLICY NUMBER				
COMPANY REG NUMBER / ID NUMBER				
CLAIM NUMBER				
RISK / RESIDENTIAL ADDRESS				
POSTAL CODE				
TELEPHONE NUMBERS				
CELLPHONE				
WORK NUMBER		HOME NUMBER		
DAMAGE				
DAMAGE TO OWN VEHICLE				
REPAIR ESTIMATE / ATTACH QUOTATION				
REPAIRER'S NAME / ADDRESS/ TELEPHONE NUMBER / EMAIL (OR ATTACH QUOTATION)				
WHERE CAN WE INSPECT DAMAGED VEHICLE				
DRIVER & VEHICLE DETAILS				
FULL NAME/S				
ID NO		DATE OF BIRTH		
TEL NO		VEHICLE REG NO		
YEAR, MAKE, MODEL & COLOUR				
ADDRESS				
DRIVER'S LICENCE No	DATE OBTAINED	CODE	FULL	LEARNER



PHYSICAL ADDRESS:
Lombardy Business Park
Unit 25-26, Block 2
Corner of Cole and
Graham Road
Silver Lakes,
Pretoria, 0054

POSTAL ADDRESS:
Postnet Suite #L19
Private Bag X37
Lynwood Ridge
0040
TELEPHONE:
012 809-1062
082 670-7445
Email: info@fipm.co.za
Web: www.firstinternational.co.za

AUTHORISED FINANCIAL SERVICES PROVIDER
License number: 16438
REG NUMBER:
1945/019293/07
VAT NUMBER:
4110227818

EXECUTIVE CHAIRMAN:
DR. JAJ SCHALCH (PhD, Zurich)
Email: jurg@fipm.co.za
EXECUTIVE DIRECTOR:
TAE OHLENSCHLÄGER (German)
Email: thomas@fipm.co.za

YOUR RISK - OUR CONCERN

STATE FULLY PURPOSE FOR WHICH VEHICLE WAS BEING USED		WAS HE/SHE DRIVING WITH YOUR PERMISSION			
HAS HE/SHE ANY MOTOR INSURANCE ON HIS/HER NAME					
DETAILS OF ANY CONVICTION FOR MOTORING OFFENCES					
IF YES, HAS HIS/HER LICENCE EVER BEEN ENDORSED					
OTHER PARTIES INVOLVED IN CURRENT ACCIDENT					
PASSENGERS IN INSURED VEHICLE	NAME		ADDRESS		INJURY
OTHER VEHICLES INVOLVED					
NAME OF OWNER/DRIVER					
ID NUMBER					
ADDRESS OF OWNER/DRIVER					
TEL NO			CELL		
YEAR, MAKE, MODEL & COLOUR					
REG NO					
DRIVER'S LICENCE CODE AND NUMBER					
DETAILS OF DAMAGE (TO OTHER VEHICLE)					
PERSONAL INJURIES (OTHER THAN IN THE INSURED VEHICLE) FOR INFORMATION PURPOSES ONLY					
NAME OF INJURED	RELATIONSHIP TO ACCIDENT e.g. DRIVER	DETAILS OF INJURIES		NAME OF HOSPITAL IF APPLICABLE	
WITNESSES (NOT IN INSURED VEHICLE)					
WITNESS 1	NAME & ADDRESS			PHONE NUMBER	
WITNESS 2	NAME & ADDRESS			PHONE NUMBER	
ACCIDENT DETAILS					
DATE		TIME		PLACE	
SPEED BEFORE ACCIDENT		WEATHER CONDITIONS			
POLICE DETAILS					



WAS THE LOSS OR DAMAGE REPORTED TO THE POLICE?	IF NOT, WHY?
IF YES, WHEN?	WHERE?
SA POLICE REF NO	
DAMAGE TO PROPERTY OTHER THAN VEHICLE	
NAME & ADDRESS OF OWNER	
DETAILS OF DAMAGE	
(SKETCH OF ACCIDENT) (Please <u>show clearly the point of impact and indicate the direction of travel by arrows.</u> Give details of any road safety signs or warning signs in the vicinity of the scene – (USE EXTRA PAPER IF NECESSARY))	

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

SIGNED AT _____ ON THE ___ DAY OF _____ 20____

INSURED SIGNATURE

