



Omnicovert Risk Acceptances (Pty) Ltd

MOTOR CLAIM FORM

UNDERWRITTEN AND ADMINISTERED BY OMNICOVERT RISK ACCEPTANCES (PTY) LTD

POLICY & BROKER DETAILS

Policy No: _____ Broker: _____

INSURED

Company / Surname: _____ Initials: _____

ID No / Company Registration Number: _____

Occupation/ Nature of Business: _____ Tel: (W) _____

Postal Address : _____ Tel: (H) _____

_____ Cell: _____

_____ Code : _____ Email: _____

VEHICLE

Make: _____ Model: _____ Year: _____

Kilometers completed: _____ Registration No. _____

Registered Owner: _____

Is this vehicle subject to a Hire Purchase, Credit or Leasing Agreement? (YES / NO)

If yes complete the following:

Finance Company: _____ Account No. _____

Physical address of Branch: _____

DRIVER



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Full Name: _____ I.D. Number: _____

Contact Number: (Work) _____ Cell Number : _____

Address: _____

DRIVERS LICENSE

Code: _____ Date of First issue (DD/MM/YYYY) _____ Endorsements (YES / NO/ N/A)

If Yes, please advise type of endorsement _____

Who is the regular driver of this vehicle: _____

State fully the reason for which the vehicle is being used: _____

Was the driver driving with your permission? (YES /NO /N/A)

Was the driver in your employ? (YES /NO/ N/A)

Do they have any motor insurance on their own vehicle? (YES /NO/ N/A)

If Yes: Company name: _____ Policy No. _____

Details of previous accidents of Driver (Specify) _____

PERSONS INJURED IN INSURED VEHICLE

(please remember to advise the Road Accident Fund)

Name	Driver/ Passenger	Details of injuries	Name of hospital

For what purpose were they being transported? _____

Are they employees? _____



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THIRD PARTY INJURIES (PERSONS INJURED OTHER THAN IN THE INSURED VEHICLE)

Name	Driver/ Passenger or Pedestrian	Details of injuries	Name of hospital If applicable

THIRD PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE

(Compulsory for recovery purposes)

OTHER VEHICLE DAMAGE

VEHICLE 1

Make & Model: _____ Registration. No. _____

Name of Driver: _____ Name of Owner: _____

Owners Address: _____

Contact details: (Work) _____ Cell: _____

INSURANCE DETAILS:

Insurance Company: _____ Policy Number: _____

Contact Number: _____ Contact Person: _____

VEHICLE 2

Make & Model: _____ Registration. No. _____

Name of Driver: _____ Name of Owner: _____

Owners Address: _____

Contact details: (Work) _____ Cell: _____



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VEHICLE 2 Continued

INSURANCE DETAILS:

Insurance Company: _____ Policy Number: _____

Contact Number: _____ Contact Person: _____

DAMAGE TO PROPERTY (NON MOTOR)

Name of Owner	Address of Owner	Details of Damage

WITNESSES

(This section is compulsory for Recovery purposes)

Name	Address	Contact Details	Passenger (Yes/ No)



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DAMAGE

Area of Damage to own vehicle: _____

Estimate to repair or attach quotation: _____

Repairer's name: _____ Contact Number : _____

Address: _____

ACCIDENT DETAILS

Date (DD/MM/YYYY) _____ Time (hhHmm) _____

Physical address where accident occurred _____

SPEED:

Before accident _____ Moment of Impact _____

CONDITION (please circle)

Weather (WET / DRY) Visibility (GOOD / POOR) Street Lighting (YES / NO)

Road surface (TAR / DIRT) Width of Road (SINGLE / MULTIPLE)

POLICE DETAILS

Did the police attend the scene (YES/ NO)

Name of the Police/Metro officer who recorded details of accident _____

Police Station _____ Reference no _____

Was the driver tested for alcohol/drugs? (YES/NO)



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THEFT DETAILS

Date (DD/MM/YYYY) _____ Time (hhHmm) _____

Place of theft _____

Police Station reported _____ Reference no _____

Date reported _____ Reported by _____

Was the alarm activated? (YES / NO/ N/A)

If no, give reasons _____

Was the vehicle locked? (YES / NO/ N/A)

If no, give reasons _____



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ANTI-THEFT VEHICLE RECOVERY DEVICE DETAILS

(please attach proof of device if applicable)

Make: _____

Date Fitted _____ Fitted by _____

DECLARATION

We hereby declare all particulars to be true in every respect.

Signature of Driver

Date

Signature of Insured

Capacity

Date

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND. KINDLY NOTE THAT THIS FORM MUST BE COMPLETED BY THE CLIENT/POLICY HOLDER/ INSURED ONLY