

Claim Form

A & B – To be completed in all instances
C – To be completed in case of Theft related claims
D – To be completed in case of Goods in Transit related claims



A - INSURER	Policy Number:			
	Broker details:			
A - INSURED	Company name :			
	Address & Phone No.:			
	Electronic mail address			
A - TOWING	Were the vehicles towed:	Yes / No		
	If Yes, by whom :			
B - VEHICLE DETAILS (TRUCK)	Make:		Year model:	
	Model:		Value:	
	Registration number:		Kilometres Completed:	
	Engine No.:		Vin / Chassis No.:	
	Drive Cam or monitoring system fitted to the vehicle:	Yes / No	Please confirm:	
	If vehicle subject to finance, state: Company & Account number?			
B - DAMAGE	Damage to own property / vehicle:	Yes / No	Estimate for damage / repairs:	R
	Where can the damaged item / vehicle be inspected? (Please supply a name, address & telephone no):			
B - VEHICLE DETAILS (TRAILER 1)	Make:		Year model:	
	Model:		Value:	
	Registration number:		Kilometres Completed:	
	Engine No.:		Vin / Chassis No.:	
	If vehicle subject to finance, state: Company & Account number?			
B - DAMAGE	Damage to own property / vehicle:	Yes / No	Estimate for damage / repairs:	R
	Where can the damaged item / vehicle be inspected? (Please supply a name, address & telephone no):			
B - VEHICLE DETAILS (TRAILER 2)	Make:		Year model:	
	Model:		Value:	
	Registration number:		Kilometres Completed:	
	Engine No.:		Vin / Chassis No.:	
	If vehicle subject to finance, state: Company & Account number?			
B - DAMAGE	Damage to own property / vehicle:	Yes / No	Estimate for damage / repairs:	R
	Where can the damaged item / vehicle be inspected? (Please supply a name, address & telephone no):			

B - LOAD	Was there a load at the time of the loss :			Yes / No		
	If Yes, description of the goods:					
B – DRIVER	Full name of driver:					
	Address & telephone number:					
	Date of Birth:			DD - MM-YYYY	Occupation:	
	Driving Licence / PDP:	Number:	Date:	Place:	Code:	Full or Learner:
	State fully the purpose for which the vehicle was being used:					
	Was he/she driving with your permission?					
	Has he/she any motor insurance on own car? If yes, state policy details / number & company.					
	Details of any conviction for motoring offences (if applicable):					
B – PASSENGERS	Passengers in Insured vehicle:		Name and age:	Address & telephone number:		Injury:
	For what purpose were they transported?					
	Are they employees?		Yes / No (If “Yes” & necessary use separate page)			
B- PERSONAL ACCIDENT	Were there any fatalities in insureds vehicle:		Yes / No (If “Yes”, please complete the Personal Accident claim form)			
	Was anyone in the insureds vehicle hospitalised:		Yes / No (If “Yes”, please complete the Personal Accident claim form)			
B – OTHER PARTY	Damage to other vehicles	Name, Contact No. & Address of Owner & Driver		Insurer (Other party) & Policy no.		Make & Registration number
	Damage to property other than vehicle	Name, Contact No. & Address of Owner				Details of damage:
	Personal injuries (other than in insured vehicle)	Name of Injured:	Relationship to accident e.g. Driver, Passenger etc.		Details of injuries:	Name of hospital if applicable:
	B or C – WITNESS	Full name:		Address & telephone number:		

C – THEFT / BURGLARY	Date:	DD – MM - YYYY		
	Time:	HH - MM		
	Place: (of theft burglary)			
	Was property / vehicle locked?			
	Police station, telephone & reference no.:			
	Vehicle, Engine & Chassis no.:	Truck :		
	Vehicle, Engine & Chassis no.:	Trailer 1 :		
	Vehicle, Engine & Chassis no.:	Trailer 2 :		
	Distinct Markings:			
	If accessories or items stolen, provide full details: (if necessary use separate page)			

A – INCIDENT	Date:	DD – MM - YYYY	Time:	HH-MM
	Place:	City / Town Street		
	Speed:	Before accident (K/ph):		Moment of impact (K/ph):
	Weather	Conditions:		Visibility:
	Lights on/off?	Vehicle:		Street lights:
	Road surface:	Gravel: Yes / No Tarmac: Yes / No Cement Yes / No Other:		Double carriage way: Yes / No Single carriage way: Yes / No Other:
	Warnings given by you? (e.g. hooting, indicator) :			
	Police Details	Name of Police/Traffic officer who recorder details of accident:		Police station, telephone & reference number:
Was driver tested for alcohol or drugs?	Yes / No		Result of test:	

A - DESCRIPTION OF INCIDENT	Accident / Incident description: (if necessary use separate page)			
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A - SKETCH OF ACCIDENT	Sketch of Accident/Scene of incident: (if necessary use separate page)			
D - GOODS IN TRANSIT	Commodity:			
	Invoice Value of Total Consignment:		Priced claim:	
	Name and Address of Consignor from where goods were dispatched:			
	Date dispatched:			
	Name and address of Consignee where goods were delivered or meant to be delivered:			
	Date Delivered or meant to be delivered :			
	Were delivery notes endorsed as to the condition of the goods at time of delivery:			
	Total Number of Packages:		Total Weight:	
	Name and Address where survey can be conducted:			
	Contact Person		Contact number:	
	Did you act as the principle contractor or as a sub-contractor:			
	If as sub-contractor, who contracted you:			
	Did you contract in terms of any Standard Trading Conditions:		Yes / no	If so, please provide a copy thereof.
	If not, please confirm details details of contract entered into between yourself and the consignor and/or the Principle Contractor with specific reference to liability for loss and or damage and insurance requirements.			
Have you received a formal priced claim from the Cargo Owner or Principle Contractor:			Yes / No	
A – DECLARATION	I/We hereby warrant the foregoing particulars to be correct, true and accurate in every respect.			
	I/We accept and understand that any false or incorrect information could severely prejudice the validity of the claim.			
	Hollard cares about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.			
	(Signature of Driver) _____		Date:	DD - MM - YYYY
	(Signature of Insured) _____		Date:	DD - MM - YYYY
Capacity _____				
NB: It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.				