

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited

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DETAILS OF AGENT/BROKER

Policy no.	
His/Her claim no.	
Claim no.	

DETAILS OF INSURED

Name		
Membership no.		Business or occupation
Telephone (W)		(H)
Physical address		

DESCRIPTION OF ACCIDENT

State exactly how the accident occurred.

Has similar circumstances previously caused an accident?

☐ YES	☐ NO
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WITNESSES

Name	
Physical address	
Telephone	
Name	
Physical address	
Telephone	

POLICE

If reported to police, please state:

Policy station		Reference no.	
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DETAILS OF PROPERTY DAMAGE

Name of owner

Physical address
of owner

Description of damage

DETAILS OF PERSONAL INJURIES

Name of injured person

Age of injured person

Physical address
of injured person

Details of injury

If person named above is in your service, or your tenant, or related to you, give full details.

Name

Relationship

Telephone

(W)

(H)

Physical address

DETAILS OF CLAIM

Date reported to you

D

D

M

M

Y

Y

Y

Y

If claim made against you give details and attach any correspondence.

Is the accident attributable to absence of normal care by the claimant?

YES

NO

If "YES", please provide full details.

ADDITIONAL INFORMATION WHEN ANIMALS ARE INVOLVED

Were animals herded?

YES

NO

How many hearers were there and on which side of the animals were they?

Were red lights or flags used?

YES

NO

If "YES", how far were they from the animals?

metres

From what distance were the animals visible to the vehicle?

metres

Were all gates properly closed?

YES

NO

Prior to the accident, what was the last date that the closure of the gates was checked?

D	D	M	M	Y	Y	Y	Y
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Were the gates and fences in good condition?

YES

NO

Have your animals been on the road before?

YES

NO

Did the animals entered the road accidentally?

YES

NO

If "YES", please explain in detail.

Have similar circumstances previously caused an accident?

YES

NO

Is the accident attributable to the absence of normal care by the claimant?

YES

NO

If "YES", please explain in detail.

DECLARATION

I/We declare that to the best of my/our knowledge the above statements are truly made.

Insured's signature

Capacity

Date

D	D	M	M	Y	Y	Y	Y
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NOTE

It is important that you notify insurers immediately once you become aware of any impending prosecution, inquest or demand.