

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited

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AGENT/BROKERPolicy no.

Claim no.

DETAILS OF INSUREDName

Surname

Identity no.

 VAT registration no.

Business or occupation

Physical address

Telephone numbers Day

DETAILS OF VEHICLEMake

 Model and year

Tare

 Gross vehicle mass

Kilometers completed

 Registration number

Value N\$

 Date of purchase

If vehicle subject to hire purchase, credit or leasing agreement, state name and address of finance company.

Name of company

Address

In whose name is the vehicle registered?

DETAILS OF DAMAGE TO VEHICLE

Damage to own vehicle

Repairer's name

Repairer's address

Repairer's telephone number

Where can your damaged vehicle be inspected?

DETAILS OF DRIVER

Full names																																
Surname																																
Identity no.																Occupation																
Address																																
Driving licence	Number											Date	D	D	M	M	Y	Y	Y	Y												
	Place																Full/Learner															

State fully the purposes for which the vehicle was being used.

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Was he/she driving with your permission?

YES

NO

Was he/she employed by you?

YES

NO

Is he/she the owner of another vehicle?

YES

NO

If "YES", please provide name of insurer and policy number.

Name of insurer																														
Policy number																														

Details of any convictions for motoring offences.

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Has the licence ever been endorsed?

YES

NO

Does he/she have an disabilities?

YES

NO

Details of previous accidents.

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DETAILS OF INJURED PERSONS IN OWN VEHICLE

Name																														
Address																														
Injury																														
Name																														
Address																														
Injury																														
Name																														
Address																														
Injury																														

For what purpose were they carried?

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Were they employees?

YES

NO

DETAILS OF INJURED PERSONS IN OTHER VEHICLES

Registration number		Make	
Name of owner			
Address of owner			
Name of driver			
Address of driver			
Details of damage			
Contact details:	Home	Work	
	Cellphone number		
Insurance details:	Company name		
	Policy number	Claim number	
Details of damage			

Property other than vehicles

Name of owner	
Address of owner	
Details of damage	

Personal injuries (other than in insured's vehicle)

Name of injured			
Relationship to accident e.g. driver, passenger etc.		Name of hospital, if applicable	
Address			
Telephone number			
Name of injured			
Relationship to accident e.g. driver, passenger etc.		Name of hospital, if applicable	
Address			
Telephone number			

Date of accident		Time of accident		Place where accident occurred	
Speed: Before accident		kph	At impact		kph
Weather condition		Visibility			
Condition of road surface		Width of road		metres	
Which vehicle lights were on?		Street lighting			
Name of police/traffic officer who recorded the details of the accident					
Name of Police station		Police reference no.			
Description of accident					

Sketch of accident (if necessary use)

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.

I have inspected the driver's licence and it is free of endorsements/endorsed as shown. Please attach copies of driver's licence and page 1 of driver's identity document.

Insured's signature

Capacity

Date

D	D	M	M	Y	Y	Y	Y
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DECLARATION

We hereby declare the following particulars to be true in every respect.

Signature of driver

Insured's signature

Capacity

Date

D	D	M	M	Y	Y	Y	Y
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NOTE

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

Any personal injuries noted overleaf must be reported separately to the multilateral motor vehicle accidents fund without delay.