

# Claim Form

A - To be completed in all instances  
 B - To be completed in case of any Accident, Fire & General related claims  
 C - To be completed in case of Theft related claims

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**REGENT**  
 INSURANCE  
 COMPANY

A - INSURER	Policy Number:					
	HP Number:					
Broker details:						
A - INSURED	Name & Occupation:					
	Identity number:					
	Address & Phone No.:					
	May we communicate with you via SMS?	Yes / No	Cellular number:			
	Electronic mail address (e-mail)					
A - BANK DETAILS	Bank:		Account: (type)			
	Branch:		Branch code:			
	Account number:		VAT Number (if applicable):			
B - VEHICLE DETAILS	Make:		Year model:			
	Model:		Value:			
	Registration number:		Purchase price:			
	Date of purchase:		Kilometres completed:			
	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 - 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:
		* Attached Copy				
State fully the purpose for which the vehicle was being used:						

	Was he/she driving with your permission?			
	Was he/she in your employ?			
	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):			
	Details of any previous accidents:			
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 - OTHER PARTY	Damage to other vehicles	Name & Address of Owner & Driver	Insurer (Other party)	Make & Registration number:
	Damage to property other than vehicles	Name & 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 - WITNESSES	Full name:	Address & telephone number:		
C - THEFT / BURGLARY	Date:	DD - MM - YYYY		
	Time:	HH-MM		
	Place: (of theft/ burglary)			

B - INCIDENT

Address of premises where loss or damage occurred	
Please describe how entry to the premises was gained	
Description of property lost or damaged	
Was property / vehicle locked?	
Police station, telephone & reference no.:	
Vehicle, Engine & Chassis no:	
Details of anti-theft/vehicle tracking devices:	
Details of window markings:	
Details of any features which would assist identification:	
Colour of vehicle:	
If accessories or items stolen, provide full details: (if necessary use separate page)	

Date:	DD - MM - YYYY	Time:	HH - MM
Place:			
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) :			
Name of Police/Traffic officer who recorder details of accident:		Police station, telephone & reference number:	

<b>B - DESCRIPTION OF INCIDENT</b>	Police Details		
	Was driver tested for alcohol or drugs?	Yes / No	Result of test:
	Accident / Incident description: (if necessary use separate page)		
	Sketch of Accident / Scene of incident: (if necessary use separate page)		
<b>A - DECLARATION</b>	<p>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.</p> <p>I acknowledge the sharing of claims information by insurers is essential to enable the Insurance Industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me and I consent to such information being disclosed to any other insurance company or its agent. I also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any person I represent.</p>		
	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.		