



PROFUSION

UNDERWRITING MANAGERS (PTY) LTD.

MOTOR ACCIDENT CLAIM FORM

BROKER DETAILS

Broker:

Consultant name:

Broker contact number:

Broker email:

INSURED

Name of insured:

Policy number:

Contact person:

Contact number:

Contact email:

INCIDENT

Incident type:

Date & time of incident:

Date & time discovered:

Date & time reported:

Place of loss:

Purpose of the vehicle?

Speed at impact?

Weather/visibility:

Was the vehicle towed?

Address of vehicle
location:

Driver tested for alcohol or
drug abuse?

Yes

No

If the driver was tested for
alcohol/drug abuse is the
report attached?

Yes

No

Is the incident covered
under any other policy of
insurance?

Yes

No

POLICE

Place where reported:

Date of reporting:

Case number (if
reported)

VEHICLE DETAILS

Make:

Model:

Year:

Registration number:

VIN number:

Chassis number:

Kilometres completed:

Details of outstanding
finance:Security fitments
(immobilizer / tracking
devices)**DRIVER DETAILS**

Full name:

ID/Passport:

Occupation:

Was the driver using the
vehicle with the insured's
permission?License code & issue
date:Does the driver have any
disabilities including
eyesight deficiency?

Description of disability:

WITNESSES**Witness 1:**

Name:

Contact number:

Address:

Witness 2:

Name:

Contact number:

Address:

SKETCH OF EVENTS RESULTING IN LOSS OR DAMAGE

DESCRIPTION OF EVENTS RESULTING IN LOSS OR DAMAGE

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INJURIES – INSURED VEHICLE OCCUPANTS

CONTACT DETAILS OF INJURED PERSON

Name:	
Contact person:	
Contact phone number:	
Contact email address:	
Description:	
MMF form attached?	
MMF form submitted within 14 days?	
Are the injured occupants employees of the insured?	
If so, what was the purpose of the trip?	

THIRD PARTY DETAILS

CONTACT DETAILS OF THIRD PARTY

Name:	
Contact person:	
Contact number:	
Contact email:	
Insurer details:	
Policy number:	

VEHICLE DETAILS

Make:	
Model:	

Year:
Registration number:
VIN number:
Chassis number:
Details of damage to third
party vehicle

DESCRIPTION OF PERSONAL INJURIES TO OCCUPANTS OF THIRD-PARTY VEHICLE

Name:
Contact person:
Contact number:
Contact email:
Full description of injuries:

TOWING OF THE INSURED VEHICLE CONSENT

I, _____ (Insured), hereby consent Profusion Underwriting Managers in moving my vehicle from its current position to an authorised repairer/ salvage yard. Further, I confirm that I am fully aware that subject to the Profusion Underwriting Managers policy wording, that I will be entitled to a maximum refund towards towing in the amount of R1000.00 VAT Incl. towards any towing and release fees pertaining to the claim.

Please Note:

Where the insured/driver has not utilized EFS Assist OR One Loyalty, the insured will be responsible for all costs exceeding the specified value of R1000.00. In the event the vehicle is a write-off, the insured will be advised of these release fees and be required to give the insurers permission to remove the car on the agreed release fees, any delay in the release of the vehicle will fall to the insured's own account.

Insured Signature

Date

REQUIREMENTS TO REGISTER CLAIM

Please read in order to complete and submit claim form.

We require the following documents together with the claim forms:

- Copy of the driver (in the incident) driver's license.
- Case number (where applicable).
- Copies of the accident report (where applicable).
- Photos of the damages (where applicable).
- Photo of vehicle license disk.

The following procedure will apply to your claim:

(Without Prejudice or Admission of Liability)

- **A claim is registered on receipt of your signed claim form.**
- Assessor appointed to view the vehicle at your premises or the panel beater.
- If all is in order with your claim the assessor finalises costs, and the insurers authorize repairs and parts are ordered by the panel beater, and car hire arranged (where specified cover exists).
- Work will begin on your vehicle, once completed the vehicle will be collected by you and your excess paid directly to the repairers.
- You will be expected to sign a release form at the panel beater to confirm repairs are in order and complete. (This form does not indemnify your insurer of any hidden damage related to the accident).
- Panel beater, car hire (per conditions) company and assessor submit invoices to insurer for payment
- Once invoices have been paid the file is handed over to the insurer's legal department in order to claim quantum back from the third party/third party insurers if a third party is at fault.
- On full recovery of the costs from the third party or his insurer your excess is reimbursed less any applicable fees. Please note that the recovery process can take between 2 -36 months to complete depending on the circumstances of the incident. We do not close your file until the recovery process has been finalized. Please note that the insurer is not obliged to recover your excess but does so as a service to their clients.

Car Hire

This section will only apply if the Car Hire option is shown on the Schedule of Insurance and the additional premium has been paid. Where the relevant endorsement refers on your schedule to terms of cover and within your policy wording this will be applied. Car hire charges referred to will not include levies, fuel charges, insurance costs, mileage in excess of the free daily limit or any charges other than the actual car hire amount within the class as arranged. This section will only apply to claims that have been admitted and authorised by Profusion Underwriting Managers and where the hired vehicle is used by the Insured and in the area in which he normally resides.

WRITE OFF VEHICLES

(vehicles are written off at insurers discretion and where there are bank agreements, warranties the same quotes are based on original parts)

In the event the vehicle is a write-off, we will immediately remove the vehicle from the panel beater/towing yard and move the vehicle to our yard. Your vehicle is then cancelled off cover with the underwriters.

We will require the below in the event the vehicle is a write-off.

- Signed change of ownership paper (Yellow, NCO form - Section A & C needs to be completed by the owner).
- Details and proof of extra's.
- Original and duplicate keys.

Please Note – Your claim will only be finalized once full and complete information is received, please ensure the claims form is completed and signed in full, and all requested documents are forwarded in order to allow us to expedite the processing of your claim.

The insurers reserve the right to request further documents and information as required depending on the merit and circumstances of losses as applicable.

DECLARATION

- I/We have read and understood the above information regarding my claim.
- I/We understand that the issue of this claim form is not an admission of liability.
- I/We hereby declare the foregoing particulars to be true in every respect and that
- I/We have not withheld from the Company any information within my/our knowledge connected with the loss.
- I/We have not made admission of liability to any third party.

Insured Signature

Driver's Signature

Date