

MOTOR ACCIDENT CLAIM FORM

(Delete sections not applicable)

Policy Number																				
VAT Registration Number																				

INSURED	Name																					
	Occupation											ID No.										
	Address											(Day) Tel. no.										

VEHICLE	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company													
	Make	Tare	Gross Vehicle Mass				Kilometres completed							
	Registration Number	Value	Model and Year				Date of purchase							
									DD	MM	YY	YY		
	In whose name is the vehicle registered?									Price paid				

DAMAGE	Damage to own vehicle											
	Estimate for repairs or attach quotation											
	Repair's name											
	Address							Telephone no.				
	Where can your damaged vehicle be inspected?											

DRIVER	Full Name																						
	Occupation												ID No.										
	Address												(Day) Tel. no.										
	Driving Licence (Attach copy)		Licence Number		Validity Period		Place	Class	Full Learner														
	State fully the purpose for which the vehicle was being used																						
	Was he/she driving with your permission?		Yes	☐	No	☐	Was he/she in your employ?		Yes	☐	No	☐											
	Is he/she the owner of another vehicle?		Yes	☐	If yes, give name of Insurer and policy number »																		
			No	☐																			
	Details of any convictions for motoring offences																						
	Has licence ever been endorsed?		Yes	☐	No	☐	Has he/she have any physical defects?		Yes	☐	No	☐											
Details of previous accidents																							



PASSENGERS (Insured Vehicle)	PASSENGERS IN INSURED VEHICLE									
	Name				Address			Injury		
For what purpose were they carried?										
Are they employees?		Yes	☐	No	☐					

OTHER PARTY	OTHER VEHICLES			
	Registration Number	Make	Name and Address of Owner and Driver	Details of damage
	PROPERTY OTHER THAN VEHICLES			
	Name and 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)

WITNESS	Witness 1		Witness 2	
	Name		Name	
	Address		Address	
	Telephone No.		Telephone No.	

ACCIDENT	Date	DD	MM	YY	YY	Time		HH	MM	
	Place where accident occurred									
				Before accident			Moment of impact			
	SPEED			KM/H			KM/H			
	a) Weather condition? b) Visibility?			a)			b)			
	a) Which vehicle lights were on? b) Street lighting			a)			b)			
	Was any warning given by you, e.g. hooting, indicator, etc.?			Yes	☐					
				No	☐					

POLICE	Name of police/traffic officer who recorded details of accident »																																	
	Police Ref. no. / Police Report										Station Reported										Date reported										~~DD~~	~~MM~~	~~YY~~	~~YY~~

DRIVER	Was driver tested for alcohol or drugs?		Yes	☐	No	☐
	DESCRIPTION OF ACCIDENT					
	SKETCH OF ACCIDENT (if necessary use separate page) 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					

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

DECLARATION

We hereby declare the foregoing particulars to be true and complete in every respect. By signing below, I agree and voluntarily consent to Sesiro's processing of the provided Information for the purposes of processing my claim, and I give Sesiro permission to do so, and any personal data (including sensitive personal data) will be processed in accordance with Sesiro's privacy policy available on its website, and I further understand that I am free to withdraw my consent on written notice to Sesiro, on legitimate grounds which are reasonable and compelling. I agree that the Information may be disclosed by Sesiro to third parties, including Sesiro's affiliates, service providers and associates (some of which may be located outside of Botswana).

Signature of Driver:

Date: DD / MM / YYYY

Insured's Signature:

Capacity:.....

Date: DD / MM / YYYY

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.



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