

Head Office

Rensana House

170 Oxford Road, Melrose

Tel: 011 380 3080

KZN2nd Floor, Gateway Auto City

2 Jubilee Grove, Umhlanga Ridge

Tel: 031 566 3337

Cape Town

14 Protea Road

Newlands

Tel: 021 671 7110


RENASA
 INSURANCE COMPANY LIMITED
Bloemfontein

55 Parfitt Avenue

Park West

Tel: 051 406 5900

Pretoria

447 Kirkness Street

Sunnyside

Tel: 012 362 4740

Nelspruit

The Outpost Building

Cnr vd Merwe & Ehmke Street

Tel: 087 806 3249

MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

INSURER		Policy No.:						
INSURED	Name					Occupation:		
	Address					Contact Numbers	Tel:	
					Cell:			
VEHICLE	Vehicle Details	Year	Make:	Tare	Model:	Registration:		
		Date Purchased:	Price Paid:	Gross Vehicle Mass:	Value	Kilometers Completed:		
		If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and tel. number of Finance Company						
		Name Of Institution:	Address:					
Account Number:	Contact Numbers							
Did you arrange the towing through the Renasa Assist call centre, if so provide reference number:						Ref No.:		
If you did not arrange for towing through Renasa Assist, please indicate why not:								
Is vehicle subject to motor plan or warranty? (select with "X")		Yes		No				
Is vehicle drivable?		Yes		No				
Is vehicle incurring storage costs at present?		Yes		No				
If yes, please indicate vehicle location								
DAMAGE	Damage to own vehicle							
	Estimate for repairs or attach quotation							
	Repairer's name, address and telephone number							
	Where can your damaged vehicle be inspected?							
DRIVER	Full name:					Occupation:		
	Date Of Birth:					Telephone No.:		
	Address							
	Drivers license	No. / Code	Date of first issue	Place	Code	Full license or learners		
	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
	Has he/she any motor insurance on own car? If yes, state Policy Number and Company		Yes		No			
	Has license ever been endorsed?							
	Has he/she any physical defects?							
	(a) Details of any convictions for motoring offences							
(b) Details of previous accidents and losses								

ACCIDENT		<p>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.</p>
	<p>SKETCH OF ACCIDENT (If necessary use separate page)</p>	

"I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me. I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases." I/We hereby authorize the insurance company to obtain the police report accident report on my behalf.

DECLARATION	<p>We hereby declare the foregoing particulars to be true in every respect.</p> <p>Signature of Driver : _____ Date: _____</p> <p>Signature of Insured _____ Capacity _____ Date _____</p> <p>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE COMPANY IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR CLAIM.</p>
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