



## Motor Claim Form

**Return To:** claims@ambientbrokers.co.za  
**Phone:** 086 110 1883  
**Fax:** 086 615 0865

### Policy Details

|                |  |
|----------------|--|
| Insurer:       |  |
| Policy Number: |  |
| Policy Name:   |  |

### Insured Details

|                |  |
|----------------|--|
| Full Names:    |  |
| ID Number:     |  |
| Cell Number:   |  |
| Email Address: |  |

### Loss/Damage

|                                                      |  |
|------------------------------------------------------|--|
| Date Of Accident:                                    |  |
| Estimated Time Of Accident:                          |  |
| Address Where<br>Damage Occurred:                    |  |
| Describe in Detail How<br>Accident /Damage Occurred: |  |

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|                                                                                 |  |
|---------------------------------------------------------------------------------|--|
|                                                                                 |  |
| Speed Before Accident:                                                          |  |
| Speed At The Moment Of Impact:                                                  |  |
| Visibility ( good / poor ):                                                     |  |
| Road Surface ( Tar / Dirt / Brick ):                                            |  |
| Weather ( Wet / Dry / N/A ):                                                    |  |
| Street Lights ( Yes / No /<br>After Sunrise / Before Sunset ):                  |  |
| Road Width ( 1-4 Lanes Per Direction<br>/<br>1 Lane For Both Direction / N/A ): |  |
| Did The Police Officer Attend The<br>Scene Of The Accident? ( Yes / No ):       |  |
| Was The Driver Tested For Drugs Or<br>Alcohol? ( Yes / No ):                    |  |
| Did You Report This To A Police<br>Station? ( Yes / No ):                       |  |
| If Yes, On What Date?:                                                          |  |
| Where, Physical Address?:                                                       |  |
| Provide Case Number?:                                                           |  |
| What Is Your Estimate Of The<br>Damage?:                                        |  |
| Do You Have A Quote Or Invoice?:                                                |  |
| What Is The Name Of The Company<br>You Obtained It From?:                       |  |
| Name And Phone/Cell Number Of<br>Contact Person:                                |  |
| Is There Any Other Insurance<br>Covering This Loss/Damage? ( Yes /<br>No ):     |  |
| If So Kindly Specify<br>( Name and Phone Number ):                              |  |

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## Your Own Vehicles Details

|                                                                 |  |
|-----------------------------------------------------------------|--|
| Who Was The Driver Of Your Vehicle?:                            |  |
| If Not Yourself, Did The Driver Have Your Permission To Drive?: |  |
| What Is Your Relation To The Driver:                            |  |
| Please Provide Driver's Name And Phone Number:                  |  |
| Does The Driver Have A Valid Drivers License?:                  |  |
| In What Year Did The Driver Obtain The License?:                |  |
| License Code:                                                   |  |
| License Number:                                                 |  |
| Year:                                                           |  |
| Make And Model:                                                 |  |
| Registration Number:                                            |  |
| Is Your Vehicle Subject To HP/Lease?:                           |  |
| Provide Name And Number Of Finance Company:                     |  |

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## Any Other Vehicles Involved In Accident

|                                                        |  |
|--------------------------------------------------------|--|
| Year:                                                  |  |
| Make And Model:                                        |  |
| Registration Number:                                   |  |
| Driver Name:                                           |  |
| Driver Cell Number:                                    |  |
| Driver ID Number:                                      |  |
| Damages To Vehicle:                                    |  |
| If The Third Party Is Insured Provide Name Of Insurer: |  |
| And If Possible A Policy Number:                       |  |

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## Any Damages To Third Party Property Other Than Vehicles

|                                                           |  |
|-----------------------------------------------------------|--|
| Details Of Damages:                                       |  |
| Name Of Owner:                                            |  |
| Phone / Cell Number Of Owner:                             |  |
| If The Third Party Is Insured Provide<br>Name Of Insurer: |  |
| And If Possible Policy Number:                            |  |

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## Witnesses

|                  |  |
|------------------|--|
| Name And Number: |  |
| Name And Number: |  |
| Name And Number: |  |
| Name And Number: |  |

**Please attach a clear sketch of the abovementioned accident to this claim form. It may be drawn or scanned, done in the WORD or PAINT programs etc. and saved to the Computer file you will be accessing after you have submitted the completed Claim Form.**

I/We warrant that the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

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Insured Signature:

Capacity:

Date:

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