



Established 1993

OPTION SHORT TERM INSURANCE BROKERS (PTY) LTD

INSURANCE BROKERS & GROUP SCHEME ADMINISTRATORS

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Registration No. 1993/06939/07 ▲ FSP Licence No. 8265 ▲ Vat No. 4210141406

MOTOR CLAIM FORM

POLICY DETAILS

Broker: Option Short Term Insurance Brokers

Policyholder: _____

Policy Number: _____

Insured's Contact Number: _____

VEHICLE DETAILS

Make: _____

Model: _____

Year: _____

Vin No.: _____

Engine No.: _____

Registration No.: _____

Description of Damage: _____

If currently being financed, please provide name of finance company: _____

Current Location of the Vehicle: _____

DETAILS OF ACCIDENT

Date and **Time** of accident: _____

Place of accident: _____

Police Case reference No.: _____

Police Station and Date Reported: _____

Was the Driver tested for Alcohol or Drugs? (If yes, please provide results): _____

DRIVER DETAILS

Full Name: _____

ID Number: _____

Residential Address: _____

Mobile No.: _____

Date of Issue: _____

Full/Learners and **Code** on License: _____

What was the vehicle being used for at the time of the accident? _____

Is the driver's licence endorsed? Yes / No _____

If YES, please provide details: _____

ACCIDENT INFORMATION

Please provide a full description of the accident:

Please provide a sketch of the accident:

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PASSENGER/WITNESSES DETAILS

Please provide details of the passengers in the insured vehicle:

NAME	CONTACT NUMBER	INJURIES IF APPLICABLE

OTHER PARTY DETAILS

Please provide details of damage to other vehicle/s:

Full Name: _____

ID Number: _____

Vehicle Make and Model: _____

Mobile No.: _____

Description of Damage: _____

Insurance Company and Policy Number: _____

WARRANTY

I hereby warrant that the above and statements are true and complete and contain all information known to me affecting the details of the claim.

Signature of Policyholder: _____

Capacity: _____

Date: _____

PLEASE ATTACH A COPY OF THE DRIVERS LICENSE WHEN SUBMITTING THE FORM