Head Office Renasa House 170 Oxford Road, Melrose

KZN 2nd Floor, Gateway Auto City 2 Jubilee Grove, Umhlanga Ridge

CPT: Ground Floor, Liesbeek House River Park, River Lane, Mowbray



Head Office

Tel: 011-380 3080 Fax: 011-380 3088

KZN:

Tel: 031-566 3337 Fax: 031-566 4864

CPT:Tel: 021-680 5058
Fax: 021-680 5262

	FOR ACCIDENT C ete sections not ap														
ı	NSURER	Policy No.:													
٥	Name						Occupation:								
INSURED							Contact Numbers Tel: Cell:			Tel:					
	Address									Cell:					
		Year Make: Tare				е	Model:				Registration:				
	Vehicle Details														
		Date Purchased:	Price Pai	id:	Gross V Mas		Value				Kilometers Completed:				
		i dichased.			IVIGS										
	If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and tel. number of Finance										- Company				
	Name Of	,			Address:										
끸	Institution: Account				Contact										
VEHICLE	Number:	46 - 4	avek the De		Numbers		:6 aa mu				Ref				
>	-	ge the towing thr							rence numb	er:	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")								No						
						Yes									
	Is vehicle drivable?					Yes Yes			No						
	Is vehicle incurring storage costs at present? If yes, please indicate vehicle location								No						
	Damage to own vehicle														
ЭE	Estimate for repairs or attach quotation														
DAMAGE	Repairer's name, address and telephone number														
	Where can your damaged vehicle be inspected?														
	Full name:					Occupation:									
	Date Of Birth:							Telephone No.:							
	Address														
DRIVER	Drivers license	No. / Code	Date of fire	of first issue			Place			Code		Full license or learners			
	State fully the put the vehicle was b	e purpose for which vas being used													
	Was he/she driving with your permission?		No	lo Was h		e/she in your employ?				Yes		No			
	Has he/she any motor insurance on own car? I yes, state Policy Number and Company			Ye	es	No									
	Has license ever been endorsed?			ı		•		•							
	Has he/she any physical defects?														
	(a) Details of any motoring offence														
	(b) Details of pre- losses	ind													

PASSENGERS(INS URED VEHICLE)		Name Address							Injury						
	Passengers in insured vehicle														
										1		1	1		
۱۳/	For what purposes were they carried??								Are They Employees	s?	Yes		١	10	
OTHER PARTY		Make & Model							Registration No.:						
	Damage to other vehicles	Name & address of Owner Name & address of Driver													
									Details of Damage:						
									Is Vehicle Insured	Yes				No	1
		Insurance Company							Policy Number				<u> </u>		
	Damage to property other	Name & address of Owner							Details Of Damage						
HER	than vehicles									Name	a a 6 ha	:t-l	:4		
ТО		Name of Injured		Details of Injuries				Relationship to accident eg. Driver, Passenger etc	. Driver, applicable						
	Personal injuries (other														
	than in insured vehicle)														
S	Name:								Telephone No.:						
WITNESS	Name.								relephone No						
MIT	Address:														
	Date								Time						
	Place														
	Speed:	Before accident km/h :		Mome	ent of in	mpact	km/h								
	Weather conditions			Visibility											
	Road surface		Width of Road												
	Which vehicle lights were on			Street Lighting											
	•	g given by you? e.g. hootin	g, ir	ndication etc.					I						
		Name of Police/Traffic Of	ffice	er who recorded	Police	Statio	n			Refe	rence N	No.:			
	Police Details	details of accident													
ACCIDENT	Was driver tested for Alcohol or Drugs?				Yes		No								
CCII	was unvertested	d for Alcohor or Drugs:			163	1	INO								
٩															
	DESCRIPTIO N OF														
	ACCIDENT														

					on of ravel by arrows.	Give details of any road safety	y
SKETCH OF ACCIDENT (If necessary use separate page)							
knowledge that the	sharing of ins	urance information	n for underwriting and	d claims purpose	es (including credit infor	mation) between insurers is in th	ne
c interest as it enabliums. ny own behalf and ouding credit informated by me. Inowledge that the sion pertaining to the sent to such informated.	on behalf of ar ation) that I pro- insurance info the continuance thation being dis	underwrite policie ny person I repres ovide or that is pro- ormation provided of my policy or the closed to any other	es and assess risks far ent herein, I hereby rovided by another p by me may be store e meeting of any clair er insurance compan	airly and to reduct waive my right to erson on my be and in the shared m I may submit.	ce the incidence of frauc o privacy with regard to half in respect of any i database and used as	dulent claims with a view to limitin underwriting or claims informatic nsurance policy or claim made of	ng on or
We hereby declar	are the foregoi	ng particulars to b	e true in every respe	ct.			
Signature of Dri	ver :			Date:			
Signature of Ins	ured			Capacity —		Date	
			IE COMPANY IMME	DIATELY YOU I	BECOME AWARE OF A	ANY IMPENDING	
i	knowledge that the separate page) knowledge that the ic interest as it enal niums. ny own behalf and uding credit informated by me. knowledge that the ice interest as it enal niums. In own behalf and uding credit informated by me. knowledge that the ice interest as it enal niums. In own behalf and uding credit information in the information in the interest as it enal niums. We hereby authorize the interest as it enal niums. In own behalf and uding credit information in the interest as it enal niums. In own behalf and uding credit information in the interest as it enal niums. In own behalf and uding credit information in the interest as it enal niums. In own behalf and uding credit information in the interest as it enal niums. In own behalf and uding credit information in the interest as it enal niums. In own behalf and uding credit information in the interest as it enal niums. In own behalf and uding credit information in the interest as it enal niums. 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In converge the insurance of its interest and its incovered by authorize the insurance of its interest and its incovered by its interest and its in	signs or warning signs in vio	SKETCH OF ACCIDENT (If necessary use separate page) Knowledge that the sharing of insurance information for underwriting and interest as it enables insurers to underwrite policies and assess risks for interest as it enables insurers to underwrite policies and assess risks for interest as it enables insurers to underwrite policies and assess risks for interest as it enables insurers to underwrite policies and assess risks for interest as it enables insurers to underwrite policies and assess risks for interest as it enables insurers to underwrite policies and assess risks for interest as it enables insurers to underwrite and its provided by another page by me. Interest as it enables insurance information provided by me may be stored by me. Interest as it enables insurance information provided by me may be stored by another page by me may be used by me. Interest as it enables insurance information provided by me may be stored by another page above the most provided by me may be stored by another page above in the provided by me may be stored by another page and by me may be stored by another page above in the provided by me may be stored by another page and by me. We hereby declare the foregoing particulars to be true in every respective in the provided by me. Signature of Driver: Signature of Insured N.B. IT IS IMPORTANT THAT YOU NOTIFY THE COMPANY IMME	SKETCH OF ACCIDENT (If necessary use separate page) ic interest as it enables insurers to underwrite policies and assess risks fairly and to reduce it interest as it enables insurers to underwrite policies and assess risks fairly and to reduce it interest as it enables insurers to underwrite policies and assess risks fairly and to reduce it interest as it enables insurers to underwrite policies and assess risks fairly and to reduce it interest as it enables insurers to underwrite policies and assess risks fairly and to reduce it interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the deep reduced to the provided by members and the provided by members and the provided by members are present on the provided by members and the provided by members are provided by members and provided by members are provided by members and provided by members and provided by members are provided by members and provided by members and provided by members and provided by members are provided by members and provided by members and provided by members and provided by members are provided by members and provided by members	SKETCH OF ACCIDENT (If necessary use separate page) ACCIDENT	SKETCH OF ACCIDENT (If necessary use separate page) If necessary use separate page) Accident in the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the cinterest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiter hums. If you we behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information by the privacy of the continuation of the privacy in the privacy in the privacy in the privacy with regard to underwriting or claims information of the insurance information provided by another person on the shared database and used as set out above as well as for an ison portaining to the continuance of my policy or the meeting of any claim I may submit. The privacy in the insurance information provided by many claim I may submit. We hereby declare the insurance company or to be in the privacy in the insurance company or to be into the privacy in the insurance company or to be into the privacy in the insurance company or to be into the privacy in the insurance company or to be into the privacy in the insurance company or to be into the privacy in the interval of the insurance company or to be into the privacy in the interval of the insurance company or to be into the privacy in the interval of th