

CLAIMS QUESTIONNAIRE

POLICY NUMBER	
POLICY HOLDER	
DRIVER	
ID NUMBER	
CELL NUMBER	
WORK NUMBER	
DRIVER'S LICENSE CODE	
DRIVER'S LICENSE VALID	FROM: TO:
FIRST ISSUE DATE	
DATE REPORTED TO WILLMAR	
REGISTRATION NUMBER AND VEHICLE DESCRIPTION	
PROVINCE	
WINDSCREEN CLAIM REPLACE/ REPAIR	
DATE OF INCIDENT (WINDSCREEN)	
WHERE TO BE REPLACED/REPAIRED	
DATE OF ACCIDENT (MOTOR ACCIDENT)	
DAY	
TIME	
PLACE	
STREET NAME	
POLICE STATION	
CASE NUMBER	
BLOOD TESTS TAKEN	
PANEL BEATER NAME	
PANEL BEATER NUMBER	
PANEL BEATER ADDRESS	
ACCIDENT DESCRIPTION	
THIRD PARTY DETAILS	
DRIVER NAME	
CELL NUMBER	
WORK NUMBER	
ID NUMBER	
REGISTRATION NUMBER	
VEHICLE MAKE AND MODEL	
ADDRESS	
CLAIM REPORT INFO	
CLAIM NUMBER	

DATE REPORTED	
PERSON / CONSULTANT	
CLAIMS HANDLER	