



**INVESTIGACION DE ACCIDENTE**

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## COMPANY APPLICATION FORM

PLEASE COMPLETE FORM IN BLACK INK

EMAIL COMPLETE FORM TO: [marais@idainvestigation.com](mailto:marais@idainvestigation.com)

### 1. COMPANY DETAIL

Company name and registration number: .....

.....

Business Address: .....

.....

Postal Address: .....

..... Postal Code: .....

Company representative: .....

Call centre Tel nr: ..... Direct line Tel nr: .....

Cell nr: ..... E-mail address: .....

Preferred language (Afr / Eng): .....

### 2. FLEET AND INSURANCE DETAIL

Fleet manager name: .....

Cell nr: ..... E-mail address: .....

How many vehicles in fleet: ..... (An updated list must be available)

How many drivers: ..... (An updated list must be available)

Risk manager name: .....

Cell nr: ..... E-mail address: .....

**Insurance Company:** ..... **Policy nr:** .....

Insurance Company Contact details:

Contact Person: ..... Cell: .....

Address: .....

Office Tel nr: ..... E-mail address: .....

**3. ACCOUNTING DEPARTMENT DETAIL**

Account manager: ..... Cell: .....  
Office Tel nr: ..... E-mail address: .....

**4. Office use only**

Company reference nr: .....

Number of vehicles in fleet: .....

Number of drivers in company: .....

Company banking details supplied for EFT payments (Yes/No): .....

Company's rate: .....

