

MOTOR ACCIDENT CLAIM FORM

Motor accident claim form

| | | | | | |
|-------------------------------------|---|--------------|---------------------|-----------------|----------------------|
| Policy No. | | Claim No. | | | |
| Insured | Name and Occupation | | | | |
| | Address and Day Tel. No | | | | |
| | Identity Number/VAT Number | | | | |
| Vehicle | Vehicle details | Make | Tare | Gross Veh. Mass | Kilometres completed |
| | | Registration | Value | Model and Year | Date of purchase |
| | State name, address and account number of Finance Company | | | | |
| | Chassis/VIN No. | | | | |
| | In whose name is the vehicle registered? | | | | |
| Damage | Damage to own vehicle | | | | |
| | Estimate for repairs or attach quotation | | | | |
| | Repairer's name, address and telephone number | | | | |
| | Where can your damaged vehicle be inspected? | | | | |
| Driver | Full Name | | | | |
| | Residential Address | | | | |
| | Occupation | | | | |
| | Identity number | | | | |
| | Drivers licence | | | | |
| | State fully the purpose for which vehicle was being used | | | | |
| | Was he/she driving with your permission? | | | | |
| | Was he/she in your employ? | | | | |
| | Has he/she any motor insurance on own car? If yes, state Policy no. and Company | | | | |
| | Details of any convictions for motoring offences | | | | |
| | Has licence ever been endorsed? | | | | |
| | Has he/she any physical defects? | | | | |
| Details of previous accidents | | | | | |
| Passengers (Insured Vehicle) | Passengers in insured vehicle | Name | Residential address | Injury | |
| | | | | | |
| | | | | | |
| | | | | | |
| | For what purposes were they carried? | | | | |
| Are they employees? | | | | | |

| | | | | | | |
|--------------------|--|---|---|--------------------------------------|--------------------------------|-------------------|
| Other Party | Personal injuries (other than in insured vehicles) | Name of Injured | Relationship to accident e.g. driver, passenger etc. | Details of Injuries | Name of Hospital if applicable | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report from (MMF#) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, PRETORIA, 0001. | | | | | |
| | Other vehicles | Registration No. | Make | Name and address of owner and driver | | Details of damage |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Property other than vehicles | Name and address of owner | | | Details of damage | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Witnesses | Name, Address, Telephone Number | | | | | |
| | Name, Address, Telephone Number | | | | | |
| Accident | Date, time and place | | | | | |
| | Speed | Before accident kph | | Moment of accident kph | | |
| | (a)Weather conditions (b)Visibility | (a) | | (b) | | |
| | (a)Road surface (b)Width of road | (a) | | (b) | | |
| | (a)Which vehicle lights were on? (b)Street lighting | (a) | | (b) | | |
| | Was any warning given by you e.g. hooting, indicators, etc? | | | | | |
| | Police details | Name of Police/Traffic officer who recorded details of accident | | Police station and reference number. | | |
| | Was driver tested for alcohol or drugs? | | | | | |
| | DESCRIPTION OF ACCIDENT | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

SKETCH
OF
ACCIDENT
(If necessary use
separate page)

Please show clearly the
point of impact and
indicate the direction of
travel by arrows.
Give details of any road
safety signs or warning
signs in the vicinity
of scene of accident.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Payment method

You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.

Name of Bank Branch name

Name of Account Holder Branch Code:

Type of Account Account No.

Licence Inspected

I have inspected the driver's licence and it is free of endorsements/endorsed as shown.

Signature Capacity

Declaration

We hereby declare the foregoing particulars to be true in every respect.

Signature of Driver Date

Signature of Insured Capacity Date

NB. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND