



MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

P.O. BOX 1325
 SCOTTBURGH
 4180
 TEL : 039-9782220
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Policy No.		Claims No.			
INSURED	Name and Occupation				
	Address and Day Tel. No.				
	Identity Number/VAT Number				
VEHICLE	If Vehicle subject to hire Purchase, Credit or Leasing Agreement, state name, address and account number of Finance Company In whose name is the vehicle registered?	Make	Tare	Gross Vehicle Mass	Kilometers completed
		Registration	Value	Model and Year	Date of Purchase and price paid
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				
	Date of Birth and Identity Number				
	Driving Licence				
	State fully the purpose for which vehicle was being used				
	Was he/she driving the vehicle with your permission?				
	Was he/she in your employ?				
	Has he/she any motorinsurance on own car? If yes state Policy No. and Details of any convictions for motoring offences				
	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 form (MMF 3) within 14 days if there is any likelihood of injuries, otherwise the fund may be able to recover from you. The Funds address is PO Box 2743, PRETORIA 0001.				
OTHER VEHICLES	Registration No.	Make	Name and address of driver	Details of damage	
PROPERTY OTHER THAN VEHICLES	Name and address of owner			Details of damage	
NESS	Name, Address and Telephone Number				

WTT	Name, Address and Telephone Number		
ACCIDENT	Date Time And Place		
	Speed		
	(a) Weather Conditions		
	(b) Visibility		
	(a) Road Surface		
	(b) Width of road		
	(a) Which vehicle lights were on		
	(b) Street lighting		
	Was any warning given by you, e.g. hooting, indicators, etc?		
	Police Details	Name of police/Traffic officer who recorded details of the accident.	Police Station and reference number.
	Was the 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 detail of any road safety signs or warning signs in the vicinity of the scene of the accident		
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 of Account	Account Number	
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
N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND			