



SCOTTFIN

INSURANCE BROKERS

P.O. BOX 1325
SCOTTBURGH
4180

TEL : 039-9782220

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MOTOR ACCIDENT CLAIM FORM

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	Make	Tare	Gross Vehicle Mass	Kilometers completed		
		Registration	Value	Model and Year	Date of Purchase and price paid		
	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						
	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	
	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			
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.							

WITNESS	Name, Address and Telephone Number						
	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		INSURED Capacity	Date			
N.B IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND							