

## MOTOR ACCIDENT CLAIM FORM

Policy No:		Claim 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	Make	Tare	Gross Vehicle Mass	Kilometres Completed
		Registration	Value	Model and Year	Date of Purchase
	Vehicle #2	Make	Tare	Gross Vehicle Mass	Kilometres Completed
		Registration	Value	Model and Year	Date of Purchase
	Vehicle#3	Make	Tare	Gross Vehicle Mass	Kilometres Completed
		Registration	Value	Model and Year	Date of Purchase
	State name, address and account number of Finance Company				
Chassis / VIN Numbers					
In whose name is vehicle registered?					
Damage	Damage to own vehicle?				
	Estimate repairs or attach quote				
	Repairer's name, address and contact phone numbers				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Contact Number				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers License Number				
	State fully the purpose for which vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Does he/she have any motor insurance on own car? If yes state policy no. and company				
	Details of any convictions or pending matters for motor offences				
	Has license 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 purpose were they carried?				
Are they employees?					

Vehicle	Personal injuries (other than in insured vehicles)	Name of Injured	Relationship to accident e.g.	Details of Injuries	Name of Hospital if applicable
	This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF #) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Funds address is P.O.Box 2743, Pretoria 0001				
Other Vehicles	Reg No.	Make	Name and address of owner and driver	Telephone number	Details of damage
Property other than vehicles	Name and address of owner			Details of damage	
Witnesses	Name, address and Telephone Number				
	Name, address and Telephone Number				
Accident	Date/ Time / Place				
	Speed	Before accident	Moment of impact	kmh	
	a) Weather conditions	a)		b)	
	b) Visibility				
	a) Road surface	a)		b)	
	b) Width of road				
	a) Were vehicle lights on?	a)		b)	
	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 accident		Police station and reference number	
Was driver tested for alcohol or drugs?					
Description of accident					
Declaration	I / 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 SHOULD YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND					