



MOTOR ACCIDENT CLAIM FORM

Policy Number					
INSURED	Name & Surname				
	Physical Address				
	Identity Number		Telephone No.		
VEHICLE DETAILS	Insured's Vehicle Details	Registration :		Mileage :	
		Make :		Model & Year :	
	Repairer's name, address and telephone number				
	State fully the extent of Damage – e.g. Front, Side, Back etc.				
DRIVER DETAILS	Full Name				
	Residential Address				
	Identity Number				
	Driving License				
OTHER PARTY	Personal Injuries	Name and Surname	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 & Address of Owner			Details of Damage	

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Vulindlela Underwriting Managers (Pty) Ltd is an Authorised Financial Services Provider (license number 33799).
Directors: D Gould (Managing), T Mvusi, QM Matthew, M Machiya

ACCIDENT	Date, Time, & Place			
	Speed			
	(a) Weather Conditions			
	(b) Visibility			
	Policy 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 ACCIDENTT			
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				
LICENCE INSPECTED	I have inspected the driver's license and it is free of endorsements/ endorsed as shown.			
	Signature :			

DECLARATION	We hereby declare the forgoing 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 By signing the above you consent and acknowledge that we, VUM, may disclose your personal information to our service providers and other reputable stakeholders who are involved in the delivery of products or services to you. We have agreements in place to ensure that they comply with the privacy requirements as required by the Protection of Personal Information Act.		

