

MOTOR ACCIDENT CLAIM FORM

Insured	INSURER		
	POLICY NUMBER		
	Name and Occupation		
	Address and Tel. No		
	Identity Number/Vat Number		
Vehicle	Make, model & year		
	Registration Number		
	Chassis/Vin No.		
	In whose name is the vehicle registered?		
	Finance Company		
Damage	Damage to own vehicle		
	Estimate to 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 Number		
	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)	Name	Residential address	Injury
	Passengers in insured vehicle		
	For what purpose where they carried?		
Are they employees?			

	Personal injuries (other than in insured vehicles)	Registration No.	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 likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, PRETORIA 0001						
Other Party	Damage to other vehicles	Registration No.	Make	Name and address of owner and driver		
	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 and place					
	Speed	Before accident Kph		Moment of impact 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 (In words)					

Accident	<p>SKETCH OF ACCIDENT (If necessary use separate page)</p>													
Payment method	<p>You may select, for added security, payment of any amount due to you directly into a bank account. If allowed by relevant Insurer. Please specify the name of the bank, branch, account holder and account number.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Name of Bank</td> <td style="width: 35%;"><input style="width: 95%;" type="text"/></td> <td style="width: 15%;">Branch</td> <td style="width: 35%;"><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Account Type</td> <td><input style="width: 95%;" type="text"/></td> <td>Account Number</td> <td><input style="width: 95%;" type="text"/></td> </tr> <tr> <td>Account holder</td> <td colspan="3"><input style="width: 95%;" type="text"/></td> </tr> </table>		Name of Bank	<input style="width: 95%;" type="text"/>	Branch	<input style="width: 95%;" type="text"/>	Account Type	<input style="width: 95%;" type="text"/>	Account Number	<input style="width: 95%;" type="text"/>	Account holder	<input style="width: 95%;" type="text"/>		
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Declaration	<p>We hereby declare the foregoing particulars to be true in every respect.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; text-align: center;"> <p>_____</p> <p>Driver's Signature</p> </td> <td style="width: 40%; text-align: center;"> <p>_____</p> <p>Date</p> </td> </tr> <tr> <td style="text-align: center;"> <p>_____</p> <p>Insured's Signature</p> </td> <td style="text-align: center;"> <p>_____</p> <p>Capacity</p> </td> <td style="text-align: center;"> <p>_____</p> <p>Date</p> </td> </tr> </table>		<p>_____</p> <p>Driver's Signature</p>	<p>_____</p> <p>Date</p>	<p>_____</p> <p>Insured's Signature</p>	<p>_____</p> <p>Capacity</p>	<p>_____</p> <p>Date</p>							
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<p>N.B. IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.</p>														