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Authorized Financial Services Provider Number: 4467

MOTOR ACCIDENT CLAIM FORM

INSURED	Name and occupation																		
	Address & Tel Numbers																		
	Identity Number																		
	VAT Number																		
VEHICLE	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name, address and account number of the Finance Company	Make	Tare	Gross Veh Mass	Kilometers														
		Registration	Value	Model & 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																		
	Repairers name, address and telephone number																		
	Where can your damaged vehicle be inspected?																		
DRIVER	Full Name																		
	Residential Address																		
	Occupation																		
	Date of Birth and Identity Number																YYYY	MM	DD
	Driving License	No	Date	Place	Code	Full/Learner													
	State full the purpose for which vehicle was being used																		
	Was he/she driving with your permission?																		
Was he/she in your employ?																			

The issue of this form is not an admission of Liability

	Has he/she any motor insurance on own car? If yes, state policy number and company				
	Details of convictions for motoring 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 Employed?				
OTHER PARTIES	Personal Injuries (Other than in insured vehicles)	Name of injured	Relationship to accident e.g. driver, passenger etc	Details of Injuries	Name of hospital
	This accident must be reported to the Multilateral Vehicle Fund using the special accident report form (MMF 3) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund address is PO Box 2743, PRETORIA, 0001.				
	Other Vehicles	Registration Number	Make	Name and Address of owner and driver	Details of damage
Property other than Vehicles	Name and address of owner		Details of Damage		
WITNESS	Name Address & Telephone Number	Name			
		Address			
		Telephone Number			

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ACCIDENT	Date, Time & Place		Date	Time	Place		
	Speed		Before Accident	kph	Moment of Impact	kph	
	(a) Weather Conditions		(a)		(b)		
	(b) Visibility		(a)		(b)		
	(a) Road Surface (b)		(a)		(b)		
	Width of road		(a)		(b)		
	(a) Which vehicles lights were on?		(a)		(b)		
	(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?						
	If yes, please provide us with details						
Description of Accident							

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	<p>SKETCH OF ACCIDENT (If necessary use separate page)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows.</p> <p>Give details of any road signs in vicinity of scene of accident</p>	

PAYMENT METHOD	<p>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.</p>		
	Name of Bank		Branch
	Name of Account		Account Number

LICENSE INSPECTED	<p>I have inspected the driver's license and it is free of endorsements/endorsed as shown.</p>		
	<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Capacity</p>	

DECLARATION	<p>We hereby declare the foregoing particulars to be true in every respect.</p>		
	<p>_____</p> <p>Signature</p>	<p>_____</p> <p>Date</p>	
	<p>_____</p> <p>Signature of Insured</p>	<p>_____</p> <p>Capacity</p>	<p>_____</p> <p>Date</p>

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY IF YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.

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