

# MOTOR VEHICLE CLAIM FORM



## MERX HCV

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Merx HCV is an authorised financial services provider

On behalf of  
**MUTUAL & FEDERAL**

Authorised Financial Services Provider

A Member of the OLD MUTUAL Group

Policy Number

Claim Number

### INSURED

First Name

Surname

Telephone

Fax

Cell Phone

Email

Address

Code

Are you the sole owner of the insured vehicle?

 Yes  No

Is the vehicle leased?

 Yes  No

Advise the date vehicle was purchased by you/your company?

 / /

### INSURED VEHICLE

Make

Model

Year

Registration number

Engine No.

Chassis or Vin No.

**Trailer Detail (if applicable)**

Make

Type

Year

Registration number

State any non-standard accessories/modifications to vehicle?

What was the intended operating radius of the journey?

State time and place journey commenced and intended destination

State type and weight of goods being carried?

### DRIVER DETAILS

First Name

Surname

Telephone

Date of birth

Cell Phone

Age

Sex

 M  F

Address

Code

Current Drivers' Licence No. and endorsements

Expiry Date

 / /

Years Licensed to drive this type of vehicle

Are you an employee?

 Yes  No

If not, state relationship

Name of Owner of the Vehicle

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## DRIVER DETAILS (continued)

Have you had any traffic convictions and/or traffic offences or been involved in any motor vehicle accidents in the past five (5) years?

Yes  No

If yes, please give full particulars

How many hours have you spent driving in the 48 hours immediately proceeding the accident?

Yes  No

Did you consume any alcohol or take any drugs during the 12 hours prior the accident?

Yes  No

If Yes, state what, how much and when

Did you undergo a breath test or blood test for alcohol or drugs?

Yes  No

If Yes, what was the result

Did you refuse to undergo any of the above tests?

Yes  No

## DAMAGE TO INSURED VEHICLE

Was your vehicle damaged?

Yes  No

If tyres damaged, approximate mileage of tyres

Was your vehicle towed away?

Yes  No

If Yes, name of company

Have you obtained a repair quote?

Yes  No

Who is your preferred repairer?

Is the vehicle there?

Yes  No

If not, where is the vehicle located? (full address)

## ACCIDENT DETAILS

Date

Time

Vehicle use

Business  Private

Day of the week

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

Location:

Street

Suburb

Postal code

Description of Accident

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## ACCIDENT DETAILS (continued)

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction an location of vehicles. It is important to detail all road signs an marking and width of road.

Indicate your own vehicle as

**A**

Indicate any other vehicle's as

**B**

Who do you consider was at fault?

Estimated speed of your vehicle 30 meters prior to accident

Km/h

Estimate speed of other vehicle just before the accident

Km/h

What lights if any were being used by you?

What lights if any were being used by the other party?

How far from the point of collision were you when you first saw the other party?

How far from the point of collision was the other party when first seen by you?

State of road / road surface

Smooth  Rough  Wet  Dry  Uphill  Downhill  Flat

How was visibility?

Good  Moderate  Poor

Were there any witnesses to the accident?

Yes  No

If Yes, please provide details:

First Name

Surname

Telephone

Cell Phone

Address

Code

Affidavit:

Yes  No

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## POLICE QUESTIONS

Did Police attend the accident?

Yes  No

If No, state time and date reported to Police

Police case number

Police station

## DAMAGE TO OTHER VEHICLES OR PROPERTY

Vehicle 1

Vehicle 2

Name of other driver

Address

Age

Phone Number

Licence Number

Vehicle Make & Model

Registration Number

Name of Registered Owner

Address

Phone Number

Other party Insurance Company

Policy Number

Description of Damage

## PHYSICAL INJURIES

Was anyone injured in the accident?

Yes  No

Name

Type of injury

Injured party (Passenger/Driver)

Vehicle (Registration No.)

## DECLARATION

The information and answers given above are true in every detail and no information has been withheld.

Driver's Signature

Date

Insured's Signature

Date