

MOTORONGELUK EISVORM

MOTOR ACCIDENT CLAIM FORM

Skrap afdelings nie van toepassing

Delete sections not applicable

MVA VERSEKERAAR		Polis Nr. Policy No.		Teken Nr. Token No.		MVA INSURER			
VER- SEKERDE	Naam en Beroep						Name and Occupation	INSURED	
	Adres en Telefoon Nr.						Address and Phone No.		
VOERTUIG	Indien voertuig onder Huurkoop, Kredit of Bruikhuurooreenkoms is meld naam en adres van Finansieringsmaatskappy	Soort/Make	Tara/Tare	Bruto Voertuig Massa/ Gross Vehicle Mass	Kilometers afgele/Kilometres completed		If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	VEHICLE	
	→	Registrasie/ Registration	Waarde/ Value	Model en Jaar/ Model and Year	Datum van aankoop en bedrag betaal/ Date of purchase and price paid				←
SKADE	Skade aan u eie voertuig						Damage to own vehicle	DAMAGE	
	Prysopgawe vir die herstelwerk of heg kwotasie aan						Estimate for repairs or attach quotation		
	Hersteller se naam, adres en telefoonnommer						Repairer's name, address and telephone number		
	Waar kan u beskadigde voertuig ondersoek word?						Where can your damaged vehicle be inspected?		
BESTUURDER	Volle Naam						Full Name	DRIVER	
	Adres						Address		
	Beroep en Geboortedatum				Telefoon Nr. Telephone No.				Occupation and Date of Birth
	Rybewys	Nommer/Number	Datum/Date	Plek/Place	Kode/Code	Vol/Full Leerling/Learner	Driving License		
	Meld volledig die doel waarvoor die voertuig gebruik is						State fully the purpose for which the vehicle was being used		
	Het hy/sy met u toestemming bestuur?						Was he/she driving with your permission?		
	Was hy/sy in u diens?						Was he/she in your employ?		
	Het hy/sy versekering op sy eie voertuig? Indien ja, meld Polisnommer en Maatskappy						Has he/she any motor insurance on own car? If yes, state Policy Number and Company		
	Is rybewys ooit geëndosdeer?						Has license ever been endorsed?		
	Ly hy/sy aan enige liggaamlike gebreke?						Has he/she any physical defects?		
(a) Besonderhede van enige veroordeling weens motor oortredings						(a) Details of any convictions for motoring offences			
(b) Besonderhede van vorige ongelukke en verliese						(b) Details of previous accidents and losses			

PASSASIERE (VERSEKERDE VOERTUIG)	Passasiers in versekerde voertuig	Naam/Name		Adres/Address		Besering/Injury		PASSENGER (INSURED VEHICLE)
	Vir watter doel is hulle vervoer?						For what purposes were they carried?	
	Is hulle werknemers?						Are they employees?	
ANDER PARTY	Skade aan ander voertuie	Registrasie Nr. Registration Mo.	Soort Make	Naam en adres van Eienaar en Bestuurder Name and address of Owner and Driver		Besonderhede van skade Details of damage		DAMAGE TO OTHER PARTY
	Skade aan eiendom uitgesonderd voertuie	Naam en Adres van Eienaar Name and Address of Owner			Besonderhede van Skade Details of Damage			DAMAGE TO OTHER PARTY

	Persoonlike beserings (uitgesondered die in versekerde voertuig)	Naam van Beseerder Name of Injured	Verband met die ongeluk bv. Bestuurder, Passasier ens. Relationship to accident eg. Driver, Passenger etc.	Besonderhede van Besedings Details of Injuries	Naam van Hospitaal indien van toepassing Name of Hospital if applicable	Personal injuries (other than in insured vehicle)	
GETUIES	Naam, Adres en Tel Nr.					Name, Address and Tel No.	WITNESSES
	Naam, Adres en Tel Nr.					Name, Address and Tel No.	
ONGELUK	Datum, Tyd, Plek					Date, Time, Place	ACCIDENT
	Spoeed:	Voor ongeluk Before accident	kpu kph	Oomblik van botsing Moment of impact	kpu kph	Speed:	
	(a) Weersomstandighede (b) Sigbaarheid	a)		b)		(a) Weather conditions (b) Visibility	
	(a) Padoppervlakte (b) Breedte van pad	a)		b)		(a) Road surface (b) Width of road	
	(a) Watter voertuigligte van aan? (b) Straatbeligting	a)		b)		(a) Which vehicle lights were on? (b) Street lighting	
	Is enige waarskuwing deur u gegee? b.v. toet, flikkering ens.					Was any warning given by you? e.g. hooting, indication etc.	
	Polisie Besonderhede	Naam van Polisie/Verkeersamptenaar wat besonderhede van ongeluk geneem het/Name of Police/Traffic Officer who recorded details of accident	Polisiestasie en verwysing nommer Police Station and reference number			Police Details	
	Was bestuurder getoets vir Alkohol of Dwelmmiddels?					Was driver tested for Alcohol or Drugs?	
BESKRYWING VAN ONGELUK					DESCRIPTION OF ACCIDENT		

ONGELUK	SKETS VAN ONGELUK (Indien nodig heg aparte sketsplan aan)	Dui asseblief die plek van botsing duidelik aan en gebruik pyltjies om die rigting waarin gerues is, aan te toon. Gee besonderhede van enige padveiligheidstekens in die omgewing van die ongelukstoneel.	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.	SKETCH OF ACCIDENT (If necessary use separate page)	ACCIDENT

"I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums.
On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.
I acknowledge that the insurance information provided by me may be stored in the shared database and used as set out above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit.
I consent to such information being disclosed to any other insurance company or its agent.
I acknowledge that the information may be verified against legally recognized sources or databases."

Ons verklaar hiermee dat die voorafgaande in elke opsig waar is.
We hereby declare the foregoing particulars to be true in every respect.

Bestuurder se Handtekening
Signature of Driver

Datum
Date

Versekerde se Handtekening
Signature of Insured

Hoedanigheid
Capacity

Datum
Date

L.W. DIT IS BELANGRIK DAT U DIE MAATSKAPPY ONMIDDELIK IN KENNIS STEL SODRA U BEWUS WORD VAN ENIGE VERVOLGING, NADOODSE ONDERSOEK OF EIS.

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

VERKLARING

DECLARATION