



# Motor Accident Claim Form

Policy number	Claim number
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Delete sections  
not applicable

## 1 Insured

Name and occupation

Address and day telephone number

Identity number/VAT number

## 2 Vehicle

Make

Tare

Gross vehicle mass

Kilometers completed

Registration

Value

Model and year

Date purchased 

D	D	M	M	Y	E	A	R
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### If vehicle subject to hire purchase, credit or leasing agreement

State name, address and account number of finance company

Chassis/VIN number

In whose name is the vehicle registered?

## 3 Damage

Damage to own vehicle

Estimate for repairs or attach quotations

Repairer's name, address and telephone number

Where can your damaged vehicle be inspected?

Please attach an  
enlarged clear  
copy of driver's  
licence

## 4 Driver

Full name

Residential address

Occupation

Identity number

Drivers licence

**4 Driver continued**

State fully the purpose for which vehicle was being used

Was he/she driving with your permission?

Was he/she driving in your employ?

Has he/she any motor insurance on own car? If yes, state Policy number and Company

Details of any convictions for motoring offences

Has licence ever been endorsed?

Has he/she any physical defects?

Details of any convictions for motoring offences

**5 Passengers (Insured Vehicle)**

**Passengers in Insured Vehicle**

Name

Residential address

Injury

Name

Residential address

Injury

Name

Residential address

Injury

For what purpose were they carried?

Are they employees?

**6 Other Party**

**Personal injuries (other than in insured vehicles)**

Name of injured

Relationship to accident. e.g. driver, passenger etc.

Details of injuries

Name of Hospital if applicable

Name of injured

Relationship to accident. e.g. driver, passenger etc.

Details of injuries

Name of Hospital if applicable

Name of injured

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 form (MMF #) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, PRETORIA 0001.

**6 Other party continued**

**Other vehicles**

Registration number	Make
Name and address of owner	
Name and address of driver	
Details of damage	

Registration number	Make
Name and address of owner	
Name and address of driver	
Details of damage	

**Property other than vehicles**

Name and address of owner
Details of damage

Name and address of owner
Details of damage

**7 Witnesses**

Name, address and telephone number
Name, address and telephone number

**8 Accident**

Date	<b>D</b> <b>D</b> <b>M</b> <b>M</b> <b>Y</b> <b>E</b> <b>A</b> <b>R</b>	Time and place
<b>Speed</b>		
Before accident	kph	Moment of impact
		kph
<b>Weather conditions</b>	<b>Visibility</b>	
<b>Road surface</b>	<b>Width of road</b>	
<b>Which vehicle lights were on?</b>	<b>Street lighting</b>	
<b>Was any warning given by you, e.g. hooting, indicators, etc?</b>		
<b>Police details</b>		
Name of Police/Traffic officer who recorded details of accident		
Police station and reference number		

**Police details continued**

Was the driver tested for alcohol or drugs?

**Description of accident**

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**Sketch of Accident**

Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs in the vicinity of the scene of accident

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If necessary use  
separate page

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard

**9 Payment Method**

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

Name of Bank	Branch
Name of Account	
Account Number	

**10 Licence Inspected**

I have inspected the driver's licence and it is free of endorsements/endorsed as shown

Signature of Driver	Capacity
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**11 Declaration**

We hereby declare the foregoing particulars to be true in every respect

Signature of Driver	Capacity
Signature of Insured	Capacity
Date	DDMMYEAR

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

