

Motor Accident Claim Form

Insured details

Policy No:

Full name:

Occupation:

Address:

Contact number: ID number:

Vehicle

If vehicle is subject to hire purchase, credit or leasing agreement:

Registration: Make, model and year: Kilometers completed:

State name, address and account number of Finance Company:

Chassis / VIN number:

In who's name is the vehicle registered?

Driver

Full name:

Residential address:

Occupation:

Identity number:

Drivers license:

State fully the purpose for which the vehicle was being used:

Was he / she driving with your permission? Yes: No:

Was he / she in your employ? Yes: No:

Has he / she motor insurance on own car? Yes: No:

If yes, state insurance details:

Details of any convictions or motoring offenses:

Has license been endorsed? Yes: No:

Has he / she any physical defects? Yes: No:

Details of previous accidents:

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 Funds address is PO Box 2743, Pretoria 0001.

Vehicle

Other vehicles (Third party)

Registration:

Make and model:

Name of owner:

Address of owner:

Contact details:

Insurance details:

Property other than vehicles

Name of property owner:

Address:

Details of damage:

Please include photographs of the insured's vehicle and accident scene.

Witnesses

Full name:

Address:

Contact details:

Full name:

Address:

Contact details:

Accident

Date: Time: Place:

Police station:

Name of officer: Case number:

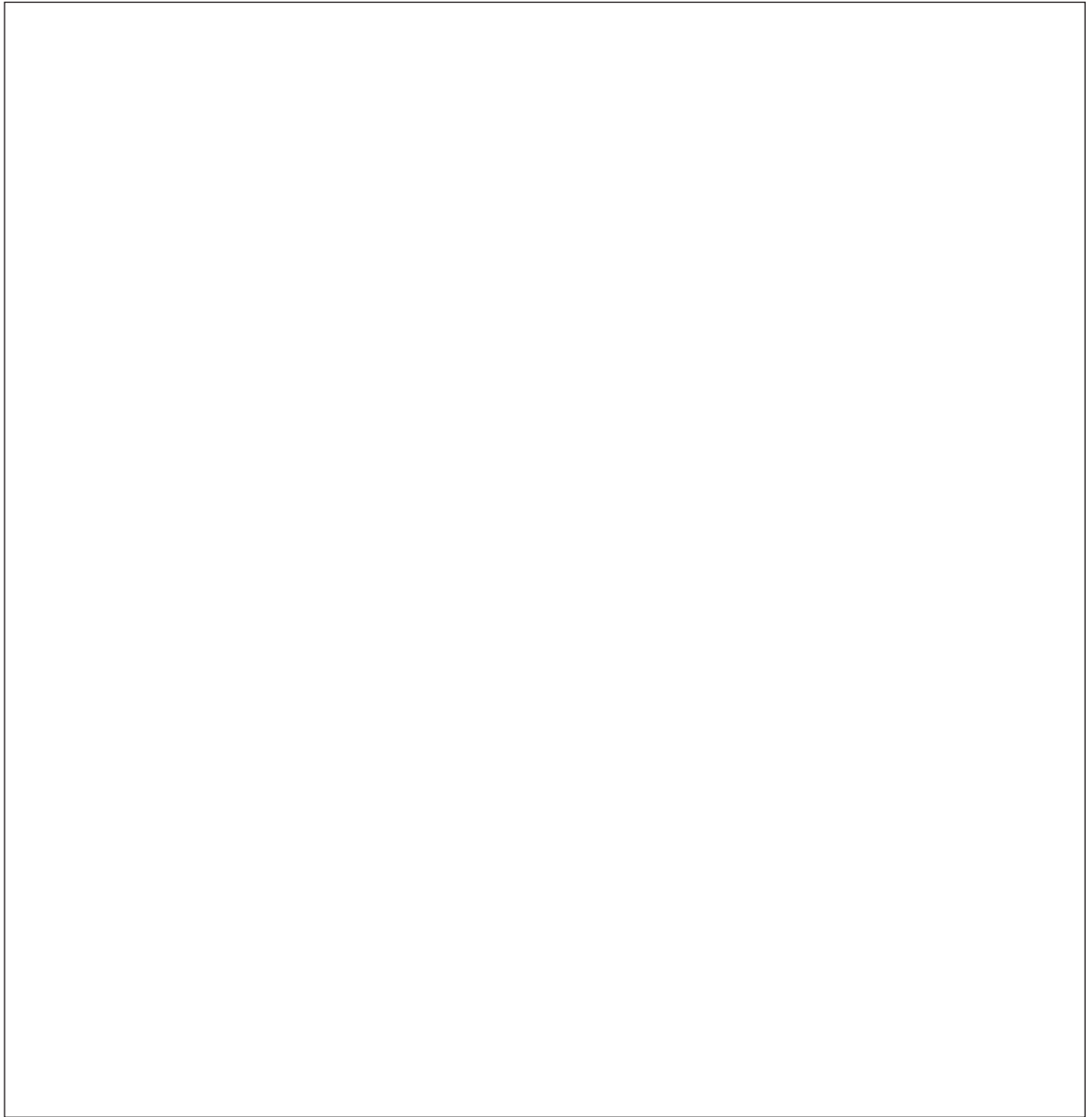
Description of accident:

Sketch

Sketch of accident
(if necessary use a
separate page)

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
the accident.



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.

License inspected

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

Signature

Date

Capacity

Declaration

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

Signature of driver

Date

Capacity

Signature of insured

Date

Capacity

It is important that you notify the insurers immediately should you become aware of any impending prosecution, inquest or demand.