

## MOTOR ACCIDENT CLAIM FORM

### Broker details

Broker name	Policy number: Jhb
Claim number: Jhb	Certificate number

### Insured details

Full name and surname	ID
Occupation	VAT number
Address and code	
Postal and code	
Work tel	Fax
Home tel	Cell
Email	

### Vehicle details

Make	Year	Model
Tare (weight of an empty vehicle)	Kilometres	Gross vehicle mass
Registration	Value	
Registered owner name and surname	ID	
Date of purchase	Price paid	
Vehicle ID number	Chassis number	
Engine number		
Is the vehicle subject to Hire Purchase, Credit or Leasing Agreement?	Yes	No
If yes:		
Name	Finance Company account number	
Address and code		

## Damage

Damage to own vehicle	
Estimate for repairs (or attach quotation) <b>R</b>	
Repairer name	Repairer tel
Repairer address	
Where can your damaged vehicle be inspected?	

## Driver

Full name and surname	ID					
Occupation	VAT number					
Address and code						
Driver licence						
<table border="1"><tr><td>Number</td><td>Full/Learner</td></tr><tr><td>Place</td><td>Code</td><td>Date</td></tr></table>		Number	Full/Learner	Place	Code	Date
Number	Full/Learner					
Place	Code	Date				
Work tel	Fax					
Home tel	Cell					
Email of driver						
State full the purpose for which vehicle was being used						
Was he/she driving with your permission?	Yes	No				
Was he/she in your employ?	Yes	No				
Has he/she any motor insurance on own car?	Yes	No				
If yes, state policy number	Company					
Details of convictions for motoring offences						
Has license ever been endorsed?						
Has he/she any physical disabilities?						

## Driver

Details of previous accidents

## Passengers (insured vehicle)

Passengers in insured vehicle

Name	Injury
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Residential address and code
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Name	Injury
------	--------

Residential address and code
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Name	Injury
------	--------

Residential address and code
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For what purpose were they carried?

Are they employed?

## Other parties

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.

Personal injuries (other than in insured vehicles)

Name	Injuries
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Relationship to accident	Name of hospital
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Name	Injuries
------	----------

Relationship to accident	Name of hospital
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Name	Injuries
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Relationship to accident	Name of hospital
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Name	Injuries
Relationship to accident	Name of hospital
Other vehicles	
Name of owner	Registration number
Make	Address of owner
Name of owner	Registration number
Make	Address of owner
Property other than vehicles	
Name of owner	Details of damage
Address of owner	
Name of owner	Details of damage
Address of owner	
Name of owner	Details of damage
Address of owner	

## Witnesses

Name	Tel number
Address and code	Date
Name	Tel number
Address and code	Date
Name	Tel number
Address and code	Date

## Accident

Date of accident	Time of accident
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# Accident

Place	
Speed before accident (kph)	Speed at moment of impact (kph)
Weather conditions	Visibility
Road surface	Width of road
Which vehicles lights were on?	Street lighting
Was any warning given by you e.g. hooting, indicators, etc?	
Name of Police/Traffic officer who recorded details of accident	
Police Station	Police case number
Was the driver tested for alcohol or drugs after the accident?	Yes      No
If yes, please provide us with details	
Description of accident	
Sketch of accident. Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs in vicinity of scene of accident.	

## Bank details

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

## Licence inspection

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

Signed at	Date
Signature	Capacity

## Declaration

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

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed at	Date	
Signature of the driver	Date	
Signature of insured	Capacity	Date

The issue of this form is not an admission of Liability.