

Motor Accident Claim Form

INSURER		
POLICY NUMBER		
INSURED		
Company/Insured's Name		
Business/Occupation		
Address and Contact details i.e. Tel, Cell and Email Address		
Company Registration/CK No. and VAT No		
Insured's I.D. Number		
VEHICLE DETAILS		
If vehicle is subject to an HP/Credit/Leasing agreement, state name, address and account number of Finance Company.	Make	Kilometres completed
	Registration	Model and year
	Date of purchase and price paid	
In whose name is the vehicle registered?		
DAMAGE		
Damage to own vehicle		
Estimate for repairs/ Quotation attached		
Repairer's name, address and contact number		
DRIVER		
Full Name		

Residential address		
Occupation		
Identity Number		
Drivers License	No.	Date
	Code	Full/Learner
State the purpose for which vehicle was being used		
Was he/she driving with your permission?		
Was he/she in your employ?		
Has he/she any motor insurance on his/her own vehicle? If yes, state policy number and company	Policy No.	Company
Has he/she been convicted of any motoring offences? If so, please state details		
Has his/her license ever been endorsed?		
Has he/she any physical defects?		

PASSENGERS (Insured Vehicle)			
	Name	Residential Address	Injury
Passengers in insured vehicle			
For what purpose were the passengers carried?			

Are they employees?				
DETAILS OF THE THIRD PARTY				
Personal injuries (Third party vehicle)	Name	Passenger/Driver	Details of injuries	
<p>This accident must be reported to the Multilateral Vehicle Fund using the special accident report form (MMF3) 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 P.O. Box 2743, Pretoria 0001.</p>				
Other Vehicles	Registration No.	Make	Name and address of owner or driver	Details of damage
Property other than vehicles	Name and address of owner		Details of damage	
WITNESSES				
Name, Address and Telephone Number				
Name, Address and Telephone Number				
PARTICULARS OF ACCIDENT				
Date and time of accident	Date	Time		

Place where accident occurred		
Speed	Before accident	Moment of impact
(A) Weather conditions (B) Visibility	(A)	(B)
Road Surface		
Were the vehicle lights on?		
Was there any other lighting at the place where the accident occurred?		
Was any warning given by you e.g. Hooting, indicators etc?		

DESCRIPTION OF ACCIDENT	
<p>PLEASE DESCRIBE THE ACCIDENT FULLY IN THE SPACE PROVIDED</p> <p>(If necessary use a separate page)</p>	

<p>SKETCH OF ACCIDENT</p> <p>(If necessary use separate page)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows.</p> <p>Give details of any road safety signs or warning signs in the vicinity of the scene of the accident.</p>	
POLICE DETAILS	
Name of Police/Traffic officer who recorded details of accident	
Police station accident reported to and reference number provided.	
Was the driver tested for alcohol or drugs?	
PAYMENT METHOD	
You may select, for added security, payment of any amount due to you directly into a bank account.	
Bank:	Branch:
Name of Account	Account Number
LICENSE INSPECTION	
I have inspected the driver's license and it is free of endorsements/ endorsed as shown.	
Signature: _____	
Capacity: _____	

DECLARATION

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

Signature of driver: _____

Date: _____

Signature of Insured: _____

Capacity: _____

Date: _____

**NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY OF ANY
IMPENDING PROSECUTION, INQUEST OR DEMAND**