



Associated Broker

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|--|---|--------------------------------------|---|
| Insured Tel: | | Fax: | |
| E-mail: | | Cell: | |
| MOTOR ACCIDENT/LOSS CLAIM FORM | | | |
| Policy Number: | | | |
| Insured: Name & Occupation | | | |
| Address and (day) telephone no. | | | |
| Identity number | | VAT Number: | |
| Please complete vehicle details: | Make & Model: | | |
| | Registration No. | Year: | |
| | Kilometers Completed: | Date of Purchase | |
| Is vehicle financed? | Finance company: | Account Number: | |
| In whose name is the vehicle registered? | | | |
| Damage to own vehicle? | | Estimate: | |
| Repairer's name | | Telephone No. | |
| Where can your damaged vehicle be inspected? And contact Number | | | |
| Driver: Full Name | | Occupation: | |
| Residential Address | | | |
| Date of birth | | ID Number | |
| Driving licence No.: | | Place: | Date of issue & Code: |
| State fully 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 own car? | | If yes, state Policy No. and Company | |
| Details of any convictions for motoring offences | | | |
| Has licence ever been endorsed? | | | |
| Has he/she any physical defects? | | | |
| Details of previous accidents? | | | |
| Passengers in insured vehicle | Name & Residential Address | | Injury |
| | | | |
| | | | |
| For what purposes were they carried? | | Are they Employees? | |
| Other Party: Personal Injuries (other than in Insured Vehicle) | Name and position in vehicle | | Name of Hospital |
| | | | |
| | | | |
| This accident must be reported to the Multilateral Motor 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. | | | |
| Other vehicles involved: | Vehicle Details | | Name & Contact details & Address of driver/owner if available |
| | Third Party 1 | Registration No. | |
| | | Make & Model | |
| | Third Party 2 | Registration No. | |
| Make & Model | | | |
| Any other vehicles involved must be noted on an attached document | | | |
| Property other than vehicles | Name & address of owner & details of damage. | | |
| Declaration | We hereby declare the foregoing particulars to be true in every respect | | |
| | Signature of Driver: _____ | | Date: _____ |
| | Signature of Insured: _____ | | Date: _____ |

