

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:					
riease complete venicle details.			<u> </u>			
	Registration No. Kilometers		Year:			
	Completed:		Date of Purchase			
Is vehicle financed?		Finance company:		Account Number:		
In whose name is the vehicle registered?		i				
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			ID Number	T		
Date of birth	No.:		Place:	Data of issue & Code:		
Driving licence State fully the purpose for which	NO.:		Place:	Date of issue & Code:		
vehicle was being used						
Was he/she driving with your			Was he/she in your			
permission? Has he/she any motor insurance on			employ? If yes, state Policy			
own car?			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	N	Jame & Residential Add	ress	Injury		
For what purposes were they			Are they			
carried? Other Party: Personal Injuries	Name and r	position in vehicle	Employees? Name of Hospital	Injury		
(other than in Insured Vehicle)			Name of Hospital	nijury		
			+			
This accident must be reported to the	Multilateral Motor \	Vehicle Fund using the s	special accident repor	t form (MMF3) within 14 days if there is any		
liklihood of injuries, otherwise the Fun	1		und's address is P O E	Box 2743, PRETORIA 0001.		
Other vehicles involved:		Vehicle Details Name & Contact details & Address of driver/owner if available		act details & Address of driver/owner if avalible		
Third Party 1	Registration No.		-			
Third Devision	Make & Model		<u> </u>			
Third Party 2	Registration No.		4			
Any other vehicles involved must be noted on an attached document						
Property other than vehicles		of owner & details of	1			
Declaration	damage. We hereby declare the foregoing particulars to be true in every respect					
	Signature of Driver: Date:					
		red:	Date:	·		

Witnesses:					
Name & address & telephone no.					
Name & address & telephone no.					
Date of Accident:	Time:	Place:			
Speed	Before accident: kph	Moment of Impact kph			
a) Weather conditions	(a)	(b)			
b) Visibility					
a) Road surface	(a)	(b)			
b) Width of road					
a) Which vehicle lights were on?	(a)	(b)			
b) Street lighting					
Was any warning given by you					
e.g. hooting, indicators etc? Police Details	Name of Police/Traffic officer	Police Station:			
	who recorded details of accident?				
		Reference Number:			
Was driver tested for alcohol or					
drugs?					
Description of accident					
Sketch of accident					
(If necessary use separate page)					
Please show clearly the point of					
impact and indicate the direction					
of travel by arrows. Give details					
of any road safety signs or					
warning signs in vicinity of scene					
of accident					
Payment Details if applicable		1			
Name of Bank:		Branch:			
Name of Account:		Account No:			
I have inspected	the driver's licence and it is free of	endorsement/endorsed as shown			
e :					
Signature: Capacity:					
We hereby declare the foregoing particulars to be true in every respect.					
Signature of Driver: Date:					
		Daio.			
Signature of Insured: Capacity: Date:					
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY					
IMPENDING PROSECUTION, INQUEST OR DEMAND.					