

Motor Accident Claim Form



INTELLIGENT INNOVATIVE INSURANCE

Policy No/Polisnr.		Claim No/Eisnommer			VERSEKERDE	
INSURED						
Name and Occupation					Naam en Beroep	
Address					Adres	
Day Telephone No					Telefoon No	
Cell Phone No					Sel No	
Fax No/Email Address					Faks No/E Pos Adres	
Identity No/ VAT No.					ID No / VAT No	
VEHICLE						
If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name, address and account number of Finance Company	Make Fabrikaat	Model and Year Model en Jaar	Value Waarde		Colour Kleur	
	Registration Registrasie	Date of Purchase Datum Van Aankoop	Mileage Kilometers	Gross Vehicle Mass Bruto Voertuig Massa		
Registered Owner Of Vehicle						
DRIVER					BESTUURDER	
Full Name					Volle Naam	
Residential Address					Woonadres	
Day Telephone No					Telefoon No	
Cell Phone No					Sel No	
Occupation					Beroep	
Identity No and DOB					ID No en Geboorte Datum	
Drivers Licence Rybewys	Code Kode	Place Plek	Date Datum	Number Nommer	Full/ Learner Leerling	Vol/
State fully the purpose for which vehicle was being used					Meld volledig die doel waarvoor die voertuig gebruik is	
Was he/she driving with your permission?					Het hy/sy met u toestemming bestuur?	
Was he/she is your employ?					Was hy/sy in u diens?	
Has he/she any motor insurance on own car? If yes, state Policy no. and Company					Het hy/sy motorversekering op sy/haar eie voertuig. Indien ja, meld asb.Polisnommer en Maatskappy	
Details of any convictions for motoring offences					Besonderhede van enige veroordeling weens motorry-oortredings	
Has licence ever been endorsed?					Is rybewys ooit geendosseer?	
Has he/she any physical defects?					Het hy/sy ann enige liggaamlike gebreke?	
Details of previous accidents					Besonderhede van vorige ongelukke	

PASSENGERS				PASSASIERE	
Passengers in insured vehicle when accident took place	Name Naam	Address Adres		Injury Besering	
OTHER PARTY				ANDER PARTY	
Personal injuries other than in the insureds vehicle	Name Naam	Relationship to Accident Verband met die Ongeluk	Injury Besering	Name of Hospital Naam Van Hospitaal	
This accident must be reported to the Multilateral Motor 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 funds address is PO Box 2743 Pretoria 0001					
Other Vehicles Ander Voertuie	Registration No Registrasie No	Make and Model Fabrikaat en Model	Colour Kleur	Details of Damage Besonderhede Van Skade	
Third Party Details Derde Party Besonderhede	Owner Of Vehicle Eienaar Van Voertuig	Name of Driver Naam van Bestuurder	ID No and Tel Number ID No en Telefoon No	Address of Driver Adres van Bestuurder	
Name Of Employer?					
Insurance Details of Third Party					
Property Other Than Vehicles	Name and Address of Owner Naam en Adres van Eienaar		Details of Damage Besonderhede van Skade		
DAMAGE				SKADE	
Damage to Own Vehicle				Skade aan u Eie Voertuig	
Estimate for Repairs of Attached Quotation				Beraamde Herstelkos of Heg Kwotasis Aan	
Repairers Name, Address and Telephone Number				Hersteller se Naam, Adres en Telefoonnommer	
Where Can Damage Be Inspected				Waar Kan u Beskadigde Voertuig Ondersoek Word?	
WITNESS				GETUIES	
Name, Address and Tel No				Naam, Adres en Tel No	
Name, Address and Tel No				Naam, Adres en Tel No	
ACCIDENT				ONGELUK	
Date, Time and Place				Datum, Tyd en Plek	
Speed	Before Accident Voor Ongeluk	Moment of Impact Oomblik van Botsing		Spoed	
Weather Conditions				Weersomstandighede	
Visibility				Sigbaarheid	

Road Surface		Padoppervlak	
Width of Road		Breedte van Pad	
Which Vehicle Lights Were On?		Watter Voertuigligte was Aan?	
Street Lighting		Straatbeligting	
Was any warning given by you, eg hooting, indicators ect?		Is enige waarskuwing deur u gegee, bv, toeter, flikkerlig ens?	
Police Details	Name of police officer who recorded details of the accident/ Naam van polisie wat besonderhede van ongeluk geneem het	Police Station and Reference Number Polisiestasie en Verwysingsnommer	Polisiebesonderhede
Was driver tested for alcohol and drugs?			Is bestuurder getoets vir alkohol of dwelmmiddels?
Description Of Accident			Beskrywing Van Ongeluk
Sketch Of Accident			Beskrywing Van Ongeluk

LICENCE INSPECTED	RYBEWYS NAGEGAAN
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I have inspected the drivers licence and it is free of endorsements/endorsed as shown./ Ek het die bestuurder se rybewys nagegaan en dit is nie geëndosseer nie/is geëndosseer soos aangedui

 Signature/ Handtekening

 Capacity/ Hoedanigheid

DECLARATION	VERKLARING
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We hereby declare the foregoing particulars to be true in every respect. / Ons verklaar hiermee dat die voorafgaande besonderhede in

 Signature Of Driver/Bestuurder se Handtekening

 Date/Datum

 Signature of Driver/Versekerde se Handtekening

 Capacity/ Hoedanigheid

 Date/Datum

N.B.It is important that you notify the insurers immediately should you bcome aware of any impending prosecution, inquest or demand
 N.B Dit is belangrik dat u die versekeraars onmiddellik in kennis stel sodra u bewys word van enige vervolging, nadoodse ondersoek of eise