

Suite 332, PostNet X09  
 Weltevredenpark, 1715  
 FSP Licence No.: 4542

# the brokerage

Tel: (011) 475-5048  
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## MOTOR ACCIDENT CLAIM FORM

INSURER	Name																																
	Claim Number																																
	Policy Number																																
INSURED	Company Name / Surname and Initials																																
	Company Registration / Number or Identity Number																																
	VAT Registration Number																																
	Occupation or Business Description																																
	Physical Address																																
	Postal Address																						Code										
	Telephone		Business								Fax								Home								Cell						
VEHICLE	Make																																
	Model																																
	Year		Registration Number																														
	Vehicle Identification Number		Engine Number																														
	Exterior Colour		Interior Colour																														
	Kilometers Completed																																
FINANCE COMPANY	Name		Branch																														
	Account Number		Type of Agreement																														
	Outstanding Amount																																
DAMAGE	Damage to own vehicle																																
	Estimate for Repairs (attach quotation)																																
	Repairers Name, address and telephone number																																
	An assessor will contact you to assess the vehicle if it is not drivable – address where vehicle is being kept																																
DRIVER	Name																																
	Identity Number																		Occupation														
	Drivers Licence		No	Date		Place								Code				Full <input type="checkbox"/> Leaners <input type="checkbox"/>															
	State fully the purpose for which vehicle was being used																																
	Was he/she driving with your permission																																
	Was he/she in your employ																																
	Is he / she owner of another vehicle? If yes, give name of insurer and policy number.																																
	Details of any convictions for motoring offences																																
	Has licence ever been endorsed		Has he/she any physical defects																														
	Details of previous accidents																																

<b>PASSENGERS</b>		Name		Address		Injury	
	Passengers in Insured Vehicle						
	For what purpose were they carried						
	Are they employees						
<b>OTHER PARTY</b>	Other vehicles – the more details we have, the better the chances of recovering your excess	Name and address of owner and driver					
		Make, Model and Registration number					
		Contact Telephone number					
		Details of Damage					
	Property Damage other than vehicles	Name and Address of Owner			Details of Damage		
Personal Injuries (other than in the insured vehicle)	Name of Injured		Relationship to Accident		Details of injuries		Name of Hospital
<b>WITNESSES</b>	In the event of witnesses, we need to complete a witness statement, witnesses help resolve disputes	Name		Address		Telephone Number	
<b>ACCIDENT</b>	Date, Time and Place						
	Speed (kilometers per hour)	Before Accident			Moment of impact		
	Weather conditions			Visibility			
	Road Surface			Width of Road			
	Which vehicle lights were on			Street lighting			
	Was any warning given by you? (e.g. hooting, indicator)						
	Police Details	Name of Police/Traffic Officer who recorded details of accident			Police Station and Police Case Number		
	Was driver tested for alcohol or drugs						
	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 safety signs or warning signs in vicinity of accident						
<b>LICENCE INSPECTED</b>	I have inspected the drivers licence and it is free of endorsements / endorsed as shown.						
	Signature			Capacity			
Please attach a clear copy of drivers licence and page 1 of drivers identity document							
I / We declare the foregoing particulars to be true in every respect							
Drivers Signature							
Insured's Signature		Capacity		Date			
NB: IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND							
NB: ANY PERSONAL INJURIES NOTED MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY							