



MOTOR ACCIDENT CLAIM FORM

INSURED	Policy No.:						
	Name and Occupation						
	Identity Number						
	Address and (day) Phone No.						
VEHICLE	Vat Registration No.						
	Make	Model and Year	Registration	Gross Vehicle Mass			
	VIN:	Value	Kilometres Completed	Date of Purchase	Price Paid		
	If vehicle is financed or leased state name of company, telephone number and account number.						
	In whose name is the vehicle registered?						
DAMAGE	Damage to own vehicle						
	Estimate for repairs or attach quotation						
	Repairer's name, address and telephone number						
	Where can your damaged vehicle be inspected?						
DRIVER	Full name						
	Address						
	Occupation						
	Identity number						
	Driving licence	No.	Date	Place	Code	Full	Learner
	State fully the purpose for which your 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 so, 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						
PASSENGERS (Insured vehicle)	Name		Address		Injury		
PASSENGERS IN INSURED VEHICLE							
For what purpose were they carried?							
Are they employees?							

OTHER PARTY	OTHER VEHICLES	Registration No.	Make	Name, Address and Telephone No. of owner	Details of damage	
	PROPERTY OTHER THAN VEHICLES	Name and Address of Owner			Details of damage	
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	Name of injured	Relationship to accident eg. Driver, Passenger etc.		Details of injuries		
WITNESS	Name, Address and Phone No.	(1)				
		(2)				
		(3)				
		(4)				
ACCIDENT	Date, Time and Place					
	Speed	Before accident		kph	Moment of Impact	
	(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					
	Police Details	Name of Police/Traffic Officer who recorded details of accident		Police Station and Reference No.		
	Was driver tested for alcohol or drugs?					
	If yes, state results					
	WRITTEN DESCRIPTION OF ACCIDENT					
	SKETCH OF ACCIDENT (If necessary use separate page)					
<p>I have inspected the driver's licence and it is free of endorsements/endorsed as shown. Signature</p> <p>Please attach copies of driver's licence and page 1 of driver's identity document. Capacity</p>						
<p>If payment of the claim is to be made by Electronic Funds Transfer please completed the following:</p> <p>Bank: _____ Branch name: _____ Account type: _____</p> <p>Account number; _____ Branch code: _____</p> <p>Account holder: _____ Signature: _____</p>						
<p>We hereby declare the foregoing particulars to be true in every respect</p> <p>Signature of Driver Date</p> <p>Signature of Insured Capacity Date</p> <p><small>N.B. 1 IT IS IMPORTANT THAT YOU NOTIFY THE INSURED IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.N.B. 2 ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY.</small></p>						