



Motor Claim Form

Policy number				
Name				
Contact Number				
Identification number /Reg No.				
Vehicle Details	Make		Model	
	Registration		Year	
VIN number				
Damage to own vehicle				
Estimate for repairs				
Repairer's name				
Repairer's Contact No				
Where can your damaged vehicle be inspected				
Driver name				
Is the driver the insured?				
Contact number of driver				
Residential address				
Identity number				
Driver's license No.				
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 or she any motor insurance? If yes, state.				
Policy No				
Company				
Details of any convictions for motoring offences				
Has license ever been endorsed?				
Has he/she and physical defects?				
Details of previous accidents.				

Passengers in insured vehicle	Name	Contact	injury	
Personal injuries (other than insured vehicle)	Name of injured	Relationship to Accident e.g., driver, passenger	Contact No	Details of injuries
This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF#) within 14 days if there is any likely hood of injuries, otherwise the fund may be able to recover from you. The Fund address is PO BOX 2743, Pretoria, 0001.				
Other vehicles	Registration number	Make	Details of damage	
Other Owner and Driver Details	Name	Contact No:	Address:	
Property other than vehicle	Name & Contact no. of person property owner		Details of Damage	
	Name:	No:		
	Name:	No:		
	Name:	No:		
	Name:	No:		
	Name:	No:		
Name and contact number of witness	Name:		Contact No:	
Name and contact number of witness	Name:		Contact No:	
Date, Time, and place	Date:	Time:	Place:	
Speed	Before accident		Moment of accident	
(a) Weather conditions (b) Visibility	(a)		(b)	
(a) Road Surface (b) Width of Road	(a)		(b)	
(a) Which vehicle lights were on? (b) Street lighting	(a)		(b)	

Was any warning given by you, e.g., hooting, indicators, etc.		
Police Details	Date reported	
	Police station reference number	
Was the driver tested for alcohol and drugs?		
Description of Accident		
<p>SKETCH OF THE ACCIDENT (If necessary, use separate page)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows.</p> <p>Give details of any road safety signs or warning signs in the vicinity of scene of accident.</p>		
<p>Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule.</p>		
<p>We hereby declare that the information supplied is true and correct in every respect.</p>		
Signature of driver		
Signature of insured		
Date		