



Client Details

Policy number				
Name				
Contact Number				
Identification number /Reg No.				
Vehicle Details	Make		Model	
	Registration		Year	
VIN number				

Damage Details

Damage to own vehicle	
Estimate for repairs	
Repairer's name	
Repairer's Contact No	
Where can your damaged vehicle be inspected	

Driver Details

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.	
Insurance Policy No	
Insurance Company	
Details of any convictions for motoring offences	
Has licence ever been endorsed?	
Do they have any physical defects?	
Details of previous accidents.	

Passengers in Insured Vehicles

Name	Contact	Injury

Passengers in Insured Vehicles

Name	Contact	Injury

Damage to Other Vehicles

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.

Registration No.:	Make	Details

Other Owners' and Drivers' Details

Name	Contact No.:	Address

Damage to Property Other Than Vehicles

Name of Owner	Contact No.:	Details of Damage

Details of Incident

Name of Witness 1:		Contact No.:	
Name of Witness 2:		Contact No.:	

Date		Time		Place	
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	Before Incident	After Incident
Speed		
Weather Conditions		
Visibility		
Road Surface		
Width of Road		
Were Vehicle Lights on?		
Street Lighting		
Was any warning given by you (hooting, indicators etc)?		
Police Details	Date Reported	
	Police Station Reference no.:	
Was the driver tested for drugs/alcohol?		

<p>Description of Accident</p>	
<p>Sketch of Incident <i>(If necessary, use separate page)</i></p> <p><i>Please show clearly the point of impact and indicate the direction of travel by arrows.</i></p> <p><i>Give details of any road safety signs or warning signs in the vicinity of scene of accident.</i></p>	

Declarations

<p><i>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.</i></p>	
<p>I hereby declare that the information supplied is true and correct in every respect.</p>	
<p>Signature of driver</p>	
<p>Signature of insured</p>	
<p>Date</p>	