

Motor accident claim form

Broker details

Broker name Policy number: Jhb

Insured details

Full name and surname ID

Cell Email

Vehicle details

Make Year Model

Registration Registered owner name and surname

Chassis number Engine number

Is the vehicle subject to Hire Purchase, Credit or Leasing Agreement? Yes ☐ No ☐ If yes:

Name

Finance Company account number

Address and code

Damage

Damage to own vehicle

Damage

Estimate for repairs R

→ Please attach quote

Repairer name

Repairer tel

Repairer address

Where can your damaged vehicle be inspected?

Driver

Full name and surname

ID

Occupation

Address and code

Driver licence

Number

Full ☐

Learner ☐

Place

Code

Date

Work tel

Home tel

Cell

Email of driver

Was he/she driving with your permission? Yes ☐ No ☐ Was he/she in your employ? Yes ☐ No ☐

Details of convictions for motoring offences

Has license ever been endorsed? Yes ☐ No ☐

Passengers (insured vehicle)

Passengers in insured vehicle

Name

Injury

Residential address and code

Name

Injury

Residential address and code

Name

Injury

Residential address and code

For what purpose were they carried?

Are they employed?

Other parties

This accident must be reported to the Multilateral 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 Fund address is PO Box 2743, Pretoria, 0001.

Personal injuries (other than in insured vehicles)

Name

Injuries

Relationship to accident: Driver ☐ Passenger ☐ Bystander ☐ Pedestrian ☐

Name of hospital

Name

Injuries

Relationship to accident: Driver ☐ Passenger ☐ Bystander ☐ Pedestrian ☐

Name of hospital

Name

Injuries

Relationship to accident: Driver ☐ Passenger ☐ Bystander ☐ Pedestrian ☐

Name of hospital

Name

Injuries

Relationship to accident: Driver ☐ Passenger ☐ Bystander ☐ Pedestrian ☐

Name of hospital

Other parties

Property other than vehicles

Name of owner		Details of damage	
Address of owner			
Name of owner		Details of damage	
Address of owner			

Witnesses

Name		Telnumber	
Address and code		Date	
Name		Telnumber	
Address and code		Date	

Accident

Date of accident		Time of accident	
Place			
Speed before accident (kph)		Speed at moment of impact (kph)	
Weather conditions		Visibility	
Road surface		Width of road	
Which vehicles lights were on?		Street lighting	
Was any warning given by you e.g. hooting, indicators, etc? Yes ☐ No ☐			
Police Station		Police case number	
Was the driver tested for alcohol or drugs after the accident? Yes ☐ No ☐			
If yes, please provide us with details:			
Description of accident			

Accident

Sketch of accident. Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs in vicinity of scene of accident.

Consent to processing of personal information

☐ I/We consent to the personal information provided by the policyholder or its representatives in terms of this insurance claim:

1. Will be used by the insurer, its employees and agents for the purposes of regulatory compliance to the various Legal Categories as stipulated in the Company's Information Manual.
2. Will be used by the insurer, its employees and agents for the purposes of processing the insurance claim.
3. Will be stored in a shared database and used to underwrite policies and assess risks fairly; and
4. May be verified against legally recognised sources or databases (including credit bureaus).

Declaration

I/We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld.

Signed at

Date

Signature of the driver

Insured capacity

Signed at

Date

Signature of insured

→ NB: It is important that you notify the insurers immediately if you become aware of any impending prosecution, inquest or demand.

The issue of this form is not an admission of Liability.