

MOTOR VEHICLE OWN DAMAGE CLAIM FORM

POLICY NUMBER

CLAIM NUMBER

THE INSURED

Surname

Initials

Id No.

address (H)

Address (W)

 /Postcode /Postcode

Fax no.

Company

Reg No.

. Cell no.

Compan

y VAT

No.

Telephone no.:
(W)

(H)

Occupation

**SECTION A
PARTICULARS OF OWN DAMAGE**

1. THE DRIVER AT THE TIME OF THE ACCIDENT

Surname

Initials

Id No.

Address (H)

Postcode

Telephone no.:

Cell no.

Driver's Licence: Code

Date issued:

Endorsements

Full/Learner's

Was the driver sober?

YES

NO

? Was a blood sample taken after the accident?

YES

NO

If Yes, what was the result?

2. THE VEHICLE

Make

Year of manufacture

Registration number

Colour

Is the vehicle insured under any other policy

YES

NO

Name and address of registered owner

Name title holder if the vehicle is the subject of a hire-purchase agreement or similar agreement.

Description of damage to the vehicle

Estimated cost of repairs

R

Name of Repairer
for quote

Address where the vehicle may be seen
if stolen

3. THE ACCIDENT

Date

Place

Time

Visibility

Road

Road

of Road

Width

Quality

If the accident occurred outside the borders of the Republic of South Africa, please mention in which country.

Police Station/Traffic Department where accident was reported.

Police/Traffic Department reference number.

What purpose was the vehicle being used?

Are there any witness, if So, let us have their statement

Short description of accident

4.1 Are there other parties who can claim damages arising from the accident from you or from whom you can claim damages?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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4.2 Have any passengers in your vehicle sustained injuries?

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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SKETCH PLAN OF THE ACCIDENT

With your vehicle shown as X and the other party / parties shown as A, B or C as per SECTION D, please show the following in the drawing.

- (a) Position of vehicles and persons involved before and after the accident and direction in which they were travelling.
- (b) Point of impact.

**SECTION B
PARTICULARS OF OTHER PARTIES INVOLVED**

A

Surname Initials ID No.

Address (H) Address (W)

Postal code Postal code

Fax no. Cell no.

Telephone no.: (W) (H) Occupation

Particulars of vehicle Make Reg. No.

Description of damage

Is other party insured? YES NO If Yes, mention the company's name and policy number below

Name

Policy number

B

Surname Initials ID No.

Address (H) Address (W)

Postal code Postal code

Fax no. Cell no.

Telephone no.: (W) (H) Occupation

Particulars of vehicle Maak
Make Reg. No.

Description of damage

Is other party insured? YES NO If Yes, mention the company's name and policy number below

Naam/Name

/Policy number

**SECTION C
PARTICULARS OF INJURED PASSENGERS**

(a) Naam/Name:

Address:

Telephone number: (H) (W)

Particulars of injury:

Relationship between insured and passenger

Relationship between driver and passenger

(b) Name:

Address:

Telephone number: (H) (W)

Particulars of injury:

Relationship between insured and passenger

Relationship between driver and passenger

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim, and I undertake to render to the company every assistance in my power in dealing with the matter.

DATE..... SIGNATURE OF INSURED

DIE UITREIKING VAN HIERDIE VORM IS NIE 'N ERKENNING VAN AANSPREEKLIHEID NIE./THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY.