



MOTOR VEHICLE ACCIDENT CLAIM FORM

MOTORVOERTUIGONGELUK-EISVORM

Office use only / Slegs kantoorgebruik

CLAIM NO
EISNR

INSURANCE COMPANY LIMITED

Policy no
Polisnr

Identity no
Identiteitsnr

| | |
|--|--|
| INSURED / VERSEKERDE | |
| Name Naam | Code Kode |
| Residential address Woonadres | |
| Telephone Telefoon (W) (CODE) | Cell |
| Occupation Beroep | |
| VEHICLE / VOERTUIG | |
| Make Fabrikaat | Year Jaar |
| Engine capacity Enjin grootte | Model Model |
| Vehicle value Waarde van voertuig | Date of purchase Aankoopdatum |
| Odometer reading Odometerlesing | Price paid Prys betaal |
| Engine no Enjinnr | Date of valuation Datum van waardasie |
| Chassis no Onderstelnr | Inspected by Gewaardeer deur |
| Name of registered owner Naam van geregistreerde eienaar | Registration no Registrasienr |
| Residential address Woonadres | Code Kode |
| Telephone Telefoon (W) (CODE) | Cell |
| Telephone Telefoon (H) (CODE) | |
| Is the vehicle a "rebuilt" vehicle? Is die voertuig "weer opgebou"? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Is the vehicle subject to a hire purchase, credit or lease agreement? Is die voertuig aan 'n huurkoop, krediet- of bruikhuurooreenkoms onderworpe? | Yes <input type="checkbox"/> No <input type="checkbox"/> If applicable state the following: Indien wel, meld die volgende: |
| Name and address of finance company / person Naam en adres van finansieringsmaatskappy / persoon | |
| Address Adres | Code Kode |
| Account holder Rekening houer | Account no Rekening nr |
| DRIVER AT THE TIME OF THE ACCIDENT / BESTUURDER TEN TYE VAN DIE ONGELUK | |
| Name Naam | Code Kode |
| Residential address Woonadres | |
| Telephone Telefoon (W) (CODE) | Cell |
| Occupation Beroep | |
| Date of birth Geboortedatum | Identity no Identiteitsnr |
| Date on which driver's licence was issued Datum waarop bestuurder se lisensie uitgereik is | Place Plek |
| Has the licence ever been endorsed? Is die lisensie al ooit geëndosseer? | Yes <input type="checkbox"/> No <input type="checkbox"/> Details of any convictions for motoring offences Besonderhede van enige veroordelings weens verkeersoortredings |
| Does the driver suffer from any physical defects? Ly die bestuurder aan enige liggaamlike gebreke? | Code Kode |
| Details of previous losses/damage Besonderhede van vorige verliese/skade | Full Vol |
| Name of insurer Naam van verskerelaar | Code Kode |
| Was the driver tested for alcohol or drugs? If so, what was the outcome? Is die bestuurder getoets vir drank of dwelmiddels? Indien wel, wat was die uitslag? | Policy no Polisnr (CODE) |
| Does the driver have motor insurance on his / her own vehicle? Het die bestuurder motorversekering op sy / haar eie voertuig? | Yes <input type="checkbox"/> No <input type="checkbox"/> Policy no Polisnr |
| Insurance company Versekeringsmaatskappy | Telephone Telefoon (CODE) |
| Has any insurer ever refused / cancelled the driver's motor vehicle insurance or imposed conditions? Het enige verskerelaar al ooit die bestuurder motorversekering geweier / gekanselleer, of spesiale voorwaardes ingestel? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Was the driver in the insured's employ? Was die bestuurder in die verskerde se diens? | Yes <input type="checkbox"/> No <input type="checkbox"/> Was the vehicle being used with the insured's permission? Ja <input type="checkbox"/> Nee <input type="checkbox"/> Is die voertuig met die verskerde se toestemming gebruik? |
| State the purpose for which the vehicle was being used Meld die doel waarvoor die voertuig gebruik is | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| ACCIDENT / ONGELUK | | | |
|---|--|---|----|
| Date Datum | Time Tyd | Place Plek | |
| Police reference no. Polisie-verwysings nr. | Police station Polisistrasie | Date reported Datum aangemeld | |
| Was the vehicle towed? Was die motor gesleep? | Yes <input type="checkbox"/> Ja No <input type="checkbox"/> Nee | Date towed Datum gesleep | |
| Name of towing company Naam van sleepdiens | | Approximate distance towed Benader afstand gesleep | Km |
| Telephone Telefoon | () | | |
| DAMAGE TO VEHICLE / SKADE AAN VOERTUIG | | | |
| Description of damage Beskrywing van skade | | | |
| Estimated cost of repairs Beraamde herstelkoste | | | |
| Where can your vehicle be inspected? Waar kan u voertuig ondersoek word? | | | |

| PASSENGERS IN INSURED VEHICLE / PASSASIERE IN VERSEKERDE VOERTUIG | | | |
|---|---------------------------------|---------------------------------|----------------------------|
| Name / Naam | Address / Adres | Telephone no Telefoonnr | Relationship / Verwantskap |
| | | | |
| | | | |
| | | | |
| | | | |
| Were there any injuries to passengers / driver? Het die passasiers / bestuurder enige beserings opgedoen? | | | |
| | Yes <input type="checkbox"/> Ja | No <input type="checkbox"/> Nee | |
| If so, state who, and describe injuries Indien wel, meld wie, en beskryf beserings | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| If there were injuries, is anyone going to claim for medical costs, etc? Indien daar beserings was, gaan iemand 'n eis tot mediese kostes, ens instel? | | | |
| | Yes <input type="checkbox"/> Ja | No <input type="checkbox"/> Nee | |
| If so, please supply details Indien wel, verskaf asseblief besonderhede | | | |
| | | | |
| | | | |
| Name of attorneys who are going to handle the claim Naam van prokureurs wat eis gaan hanteer | | | |

| WITNESSES / GETUIES | |
|---------------------|----------------------|
| Name / Naam | Address / Adres |
| | Telephone / Telefoon |
| | |
| | |
| | |
| | |
| | |

| OTHER VEHICLES INVOLVED / ANDER VOERTUIG BETROKKE | | | | | | |
|--|--|---|---|-----------------------|--------------|---|
| 1 | Vehicle Voertuig | Registration no Registrasienr | Name of owner or driver Naam van eienaar of bestuurder | Telephone Telefoon | (W) (CODE) | (H) (CODE) |
| | Postal address Posadres | | | | Code Kode | Cell |
| 2 | Vehicle Voertuig | Registration no Registrasienr | Name of owner or driver Naam van eienaar of bestuurder | Telephone Telefoon | (W) (CODE) | (H) (CODE) |
| | Postal address Posadres | | | | Code Kode | Cell |
| 3 | Vehicle Voertuig | Registration no Registrasienr | Name of owner or driver Naam van eienaar of bestuurder | Telephone Telefoon | (W) (CODE) | (H) (CODE) |
| | Postal address Posadres | | | | Code Kode | Cell |
| 4 | Vehicle Voertuig | Registration no Registrasienr | Name of owner or driver Naam van eienaar of bestuurder | Telephone Telefoon | (W) (CODE) | (H) (CODE) |
| | Postal address Posadres | | | | Code Kode | Cell |
| <p>If you suspect that the driver of the other vehicle was driving his / her employer's vehicle, please provide us with the following information. Indien u vermoed dat die bestuurder van die ander voertuig sy / haar werkgewer se voertuig bestuur het, verskat asseblief die volgende inligting:</p> | | | | | | |
| | Registration no Registrasienr | | Name of employer Naam van werkgewer | | | |
| | Business address Besigheidsadres | | | | | Code Kode |
| | Telephone Telefoon | (W) (CODE) | (H) (CODE) | | | |
| Information about the other party's insurance / Inligting omtrent die ander party se versekering | | | | | | |
| | Name Naam | Insurer Versekeraar | Policy no Polisnr | Claim no Eisnr | | Contact person and telephone Kontakpersoon en telefoon |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| DAMAGE TO PROPERTY OTHER THAN VEHICLES / SKADE AAN EIENDOM BEHALWE VOERTUIG | | | | | | |
| | Name of owner Naam van eienaar | | | | | |
| | Address Adres | | | | | Code Kode |
| | Telephone Telefoon | (W) (CODE) | (H) (CODE) | | | |
| | Details of damage Besonderhede van skade | | | | | |
| PERSONAL INJURIES OTHER THAN IN INSURED VEHICLE PERSOONLIKE BESERINGS UITGESONDERD IN DIE VERSEKERDE VOERTUIG | | | | | | |
| | Name of injured Naam van beseerde | Address / Telephone no Adres / Telefoon nr | | | | Details of injuries Besonderhede van beserings |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| DESCRIPTION OF ACCIDENT / BESKRYWING VAN ONGELUK | | | | | | |
| | Speed Snelheid | Before accident Voor ongeluk | Moment of impact Oomblik van botsing | | | Weather conditions Weertoestande |
| | Visibility Sigbaarheid | | State of road Toestand van pad | | | Width of road Breedte van pad |
| | Which lights of the vehicle were on? Watter ligte van die voertuig was aan? | | | | | |
| | Was any warning given by you, eg. hooting, indicators, etc? Is enige waarskuwing deur u gegee, bv. toeter, flikkerligte, ens? | | | | | |
| | Who, in your opinion, was to blame for this accident? Wie was, na u mening, verantwoordelik vir hierdie botsing? | | | | | |

DESCRIPTION OF ACCIDENT IN YOUR OWN WORDS
BESKRYWING VAN ONGELUK IN U EIE WOORDE

SKETCH OF ACCIDENT / SKETS VAN ONGELUK

Indicate the following in the drawing:

1. the point of impact;
2. direction of travel by arrows; and
3. any road signs.

Dui die volgende in die skets aan:

1. plek van botsing;
2. rigting waarin gereis is met pyltjies; en
3. enige padtekens.

PREVIOUS LOSS/DAMAGE / VORIGE VERLIES/SKADE

Have you suffered any loss / damage before?
Het u wantevore enige verlies / skade gely?

If so, supply dates and details

Indien wel, verskaf die datums en besonderhede

If you were insured, supply name of insurer
Indien u verseker was, verskaf die naam van die versekeraar

Telephone (CODE)
Telefoon

Policy no
Polisnr

OTHER INSURANCE / ANDER VERSEKERING

Is there any other insurance covering this loss / damage?
Is daar enige versekering wat hierdie verlies / skade dek?

Yes
Ja

No
Nee

If so, give the name of the insurer

Indien wel, meld die naam van die versekeraar

Policy no
Polisnr

Telephone (CODE)
Telefoon

DECLARATION / VERKLARING

I / We solemnly declare that the above particulars are correct.
Ek / Ons verklaar plegtig dat die bogenoemde besonderhede korrek is.

Insured's signature / Versekerde se handtekening

Date / Datum

Driver's signature / Bestuurder se handtekening

Date / Datum

Registered owner's signature / Geregistreerde eienaar se handtekening

Date / Datum

Office use only / Slegs kantoorgebruik

LICENCE INSPECTED / LISENSIE NAGEGAAN

I have inspected the driver's licence and it is free of endorsements / is endorsed as indicated.
Ek het die bestuurder se lisensie nagegaan en dit is nie geëndosseer nie / geëndosseer soos aangedui.

Signature / Handtekening

Capacity / Hoedanigheid

Date / Datum