



Associated Broker

Insured Tel:		Fax:	
E-mail:		Cell:	
MOTOR ACCIDENT/LOSS CLAIM FORM			
Policy Number:			
Insured: Name & Occupation			
Address and (day) telephone no.			
Identity number		VAT Number:	
Please complete vehicle details:	Make & Model:		
	Registration No.	Year:	
	Kilometers Completed:	Date of Purchase	
Is vehicle financed?	Finance company:	Account Number:	
In whose name is the vehicle registered?			
Damage to own vehicle?		Estimate:	
Repairer's name		Telephone No.	
Where can your damaged vehicle be inspected? And contact Number			
Driver: Full Name		Occupation:	
Residential Address			
Date of birth		ID Number	
Driving licence No.:		Place:	Date of issue & Code:
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/she any motor insurance on own car?		If yes, state Policy No. and Company	
Details of any convictions for motoring offences			
Has licence ever been endorsed?			
Has he/she any physical defects?			
Details of previous accidents?			
Passengers in insured vehicle	Name & Residential Address		Injury
For what purposes were they carried?		Are they Employees?	
Other Party: Personal Injuries (other than in Insured Vehicle)	Name and position in vehicle		Name of Hospital
<p style="color: red; font-weight: bold;">This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF3) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is P O Box 2743, PRETORIA 0001.</p>			
Other vehicles involved:	Vehicle Details		Name & Contact details & Address of driver/owner if available
	Third Party 1 Registration No.		
	Third Party 2 Make & Model		
	Registration No.		
Any other vehicles involved must be noted on an attached document			
Make & Model			
Property other than vehicles		Name & address of owner & details of damage.	
Declaration			
We hereby declare the foregoing particulars to be true in every respect			
Signature of Driver: _____		Date: _____	
Signature of Insured: _____		Date: _____	

Witnesses:	
Name & address & telephone no.	
Name & address & telephone no.	
Date of Accident:	Time:
Place:	
Speed	Before accident: kph
a) Weather conditions b) Visibility	(a)
a) Road surface b) Width of road	(a)
a) Which vehicle lights were on? b) Street lighting	(a)
Was any warning given by you e.g. hooting, indicators etc?	
Police Details	Name of Police/Traffic officer who recorded details of accident?
	Police Station:
	Reference Number:
Was driver tested for alcohol or drugs?	
Description of accident	
Sketch of accident (If necessary use separate page) Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident	
Payment Details if applicable	
Name of Bank:	Branch:
Name of Account:	Account No:
I have inspected the driver's licence and it is free of endorsement/endorsed as shown	
Signature:	Capacity:
We hereby declare the foregoing particulars to be true in every respect.	
Signature of Driver: _____ Date: _____	
Signature of Insured: _____ Capacity: _____ Date: _____	
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.	