

# MOTOR ACCIDENT CLAIM FORM

Please do not obtain any quotations. We will appoint an Assessor to assess the damage to your vehicle.

Clear copy of Driver's licence to be submitted with claim form.



## Insured

Policy No.	
Name of insured	
Tel (cellphone)	Tel (business)
Occupation	
Address	

## Vehicle

Make	Tare
Model	Gross Vehicle Mass
Odometer Reading	Registration No
Value	Date of purchase
Purchase price R	
If vehicle is subject to a Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company:	

## Damage

Damage to own vehicle
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## Driver

Full Name	ID Number
Foreign National Yes No	- if 'yes': Do you have SA residency? Yes No
- if 'yes': Date SA residency obtained	
Address	
State fully the purpose for which the vehicle was being used	

**CPT**  
**PHONE** +27 861 682 467 **FAX** +27 864 550 713  
**ADDRESS** 4th Floor, Gihon Building, Cnr. Bill Be-zuidenhout and Sportica Road, Tygervalley, 7530  
**POSTAL** PO Box 5777, Tygervalley, 7536  
**EMAIL** newquotes@mua.co.za

**DBN**  
**PHONE** +27 861 682 467 **FAX** +27 864 550 713  
**ADDRESS** 1st Floor Units 5 & 6, Aloe Block, Fair-way Green, 3 Abrey Road, Kloof, 3610  
**POSTAL** PO Box 591 Gillitts 3603  
**EMAIL** newquotes@mua.co.za

**JHB**  
**PHONE** +27 861 682 467 **FAX** +27 864 550 713  
**ADDRESS** Ground Floor, Unit 2, Bruton Office Park, 18 Bruton Road, Bryanston  
**POSTAL** PO Box 131152, Bryanston 2021  
**EMAIL** newquotes@mua.co.za

## Driver

Was the vehicle being used with your permission? Yes	No
Was the driver in your employ? Yes	No
Has the driver any motor insurance? Yes	No
If YES, please state Policy No	Insurer
Details of any convictions for motoring offences	
Has licence been endorsed? Yes	No
Does the driver have any physical defects? Yes	No
Details of previous accidents	
Advanced Driving Course? (If yes please attach certificate) Yes	No

## Passengers details (in insured vehicle)

1. Name and surname	Address	Injury
	Email address	Tel
2. Name and surname	Address	Injury
	Email address	Tel
3. Name and surname	Address	Injury
	Email address	Tel
4. Name and surname	Address	Injury
	Email address	Tel
For what reason were they being transported?		
Are they employees?		

## Other party details

Damage to other vehicle		
Name of owner & driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model
Name of owner & driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model

## Other party details

Name of owner & driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model
Name of owner & driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model

### Damage to property other than vehicles

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Name of owner		ID Number
Tel	Email	Address
Details of damage		

### Personal Injuries (other than in Insured vehicles)

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
Details of injuries		
Name of hospital (if applicable)		

## Witness

Name		Tel
Address		
Date	Time	Place
Name		Tel
Address		
Date	Time	Place
Name		Tel
Address		
Date	Time	Place

## Theft

Was vehicle locked? Yes		No
Who has the keys?		
Police station	Police Case number	
Engine number	Chassis number	
Colour	VIN number	
Details of accessories stolen		
Anti-theft device? Yes		No

## Incident details

Date	Time	Province
Intersection	Suburb	
Speed before accident	Speed on impact	
Weather conditions	Visibility	
Road surface	Width of road	
Which vehicle lights were on?	Street lighting	
Was any warning, e.g. hooting, indication etc. given by you? Yes		No
Police Case No.	Police station	
Was the driver tested for alcohol or drugs? Yes                      No	Result of test	

## Incident details

Description of accident (include intersection)

Sketch of Accident (if necessary, please use a separate page).

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

## Declaration

### Information Sharing Declaration

It is necessary for insurance companies to share information in order to underwrite (assess and price the risks) policies fairly and lower the number of fraudulent claims.

In view of the above, I/we (and any person representing me) declare by the submission and/or signing of this document to

- accept that it is in the public interest for insurers to share insurance information (including credit information);
- consent to my policy, claims or credit information being verified or shared with third parties in the ordinary course of business;
- accept that any information provided to the insurer may be stored in a shared database;
- consent to such information being given to any other insurance company and/or reinsurance company or its agent should there be a legitimate business reason for doing so;
- accept that this information may be checked against other legal sources or databases; and
- confirm that all information provided is true, correct and complete.

## Declaration

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

Signature of driver

Date

Signature of insured

Date

Capacity

NB. It is important that you notify Insurers immediately you become aware of any impending prosecution, inquest or demand