

MOTOR ACCIDENT CLAIM FORM / MOTOR ONGELUK EISVORM

(DELETE SECTIONS NOT APPLICABLE. DO NOT JUST LEAVE BLANK / HAAL AFDELINGS NIE VAN TOEPASSING DEUR - MOENIE NET OOPLAAT)

INSURER / VERSEKERAAR		POLICY NUMBER / POLIS NOMMER		VAT REG NUMBER / BTW REG NOMMER		
INSURED / VERSEKERDE	Name & Occupation Naam en Beroep					
	Identity Number Identiteitsnommer					
	Address & Phone No. Adres & telefoon nommer					
	Registration Number / Registrasie nommer	Make / Fabrikaat	Tare / Tarra	Gross vehicle mass Bruto voertuig massa	Kilo's	Date purchased & price paid Datum gekoop & prys betaal
	Value / Waarde	Year & Model / Jaar en model				
	If vehicle subject to HP/Lease - state name & no. of finance company Indien voertuig onderhewig is aan huurkoop, naam van huurkoop maatskappy					
DAMAGE / SKADE	Where is the specific damage on your vehicle? Front right, or back, etc. Waar is die spesifieke skade aan U voertuig? Voor links, of agter, ens.					
	Estimate for repairs or attach quotation Beraming van skade of heg kwotasie aan					
	Repairers name and telephone number Hersteller se naam en telefoon nommer					
	Is the vehicle still driveable? Is die voertuig nog rybaar of nie?					
	Where can vehicle be inspected? Waar kan voertuig ondersoek word?					
DRIVER / BESTUURDER	Full Name Volle name					
	Address Adres					
	Occupation Beroep					
	Identity Number Identiteitsnommer					
	Drivers Licence Bestuurderslisensie	Number / Nommer	Date / Datum	Place / Plek	Code/Kode	Full / Learners Vol / Leerling
	For what purpose was the vehicle being used Vir watter doel was die voertuig gebruik?					
	If accident occurred outside the SA borders supply country and town or city? Indien ongeluk buite SA grens gebeur het meld watter land en dorp of stad?					
	Was he/she driving with your permission? Het hy/sy met u toestemming bestuur?					
	Was he/she in your employment? Was hy/sy in u diens?					
	Is he/she the owner of another vehicle? If yes give Insured name and policy number Is hy/sy die eienaar van 'n ander voertuig? Indien so verskaf polis no. van versekering					
	Details of any convictions for motor offences Besonderhede van enige wetsoortredings					
	Has licence ever been endorsed? Was lisensie ooit ge-endorseer?					
	Has he/she any physical defects? Ly hy/sy aan enige fisiese gebreke?					
	Details of previous accidents Besonderhede van vorige ongelukke					
	PASSENGERS / PASSASIER	Passengers in insured vehicle Passasiers in versekerde voertuig	Name / Naam	Address / Adres		Injury / Beserings
For what purpose were they carried? Vir watter doel was hulle vervoer?						
Are they employees? Is hulle werknemers?						
OTHER PARTY / ANDER PARTY	Other vehicles Ander voertuie	Registration number Registrasie nommer	Make / Fabrikaat	Name and address of owner Naam en adres van eienaar		Damages / Skade

THIS ACCIDENT MUST BE REPORTED BY YOU USING A SPECIAL ACCIDENT REPORT FORM (MMF) WITHIN 14 DAYS IF THERE IS ANY LIKELIHOOD OF INJURIES OTHERWISE THEY MAY BE ABLE TO CLAIM FROM YOU. PLEASE CONTACT US FOR FURTHER DETAILS.

HIERDIE ONGELUK MOET AANGEMELD WORD OP 'N SPESIALE ONGELUKS EISVORM (MMF) BINNE 14 DAE INGEVAL DAAR ENIGE MOONTLIKHEID BESTAAN VAN BESERINGS, ANDERSINS KAN DAAR EISE TEEN U AS PERSOON INGESTEL WORD. KONTAK ONS AS U MEER BESONDERHEDE BENODIG IN DIE VERBAND.

OTHER PARTY / ANDER PARTY	Property other than vehicles Eiendom anders as voertuie		Name and address of owner Naam en adres van eienaar		Details of damages Besonderhede van skade		
	Personal Injuries (other than insured vehicle) Persoonlike beserings (nie versekerde voertuig)		Name of injured Naam van beseerdes	Relationship to accident e.g. driver, passenger etc Tydens ongeluk bv. Bestuurder, passasier, ens	Details of Injuries Besonderhede van beserings	Name of Hospital if applicable Hospitaal indien van toepassing	
WITNESSES / GETUIES	Name, Address & Phone No. Naam, Adres & telefoon No.						
ACCIDENT / ONGELUK	Date / Datum		Time/Tyd		Place/Plek		
	Speed / Spoed \longrightarrow		Before Accident / Voor ongeluk \longrightarrow		Moment of Impact Oomblik van botsing		
	Weather Conditions / Weersomstandighede			Visibility Sigbaarheid			
	Road Surface / Pad oppervlakte			Width of Road Breedte van pad			
	Which vehicle lights were on? Watter voertuig ligte was aangeskakel?			Street Lighting Straat beligting			
	Was any warning given by you, e.g. Hooting, Indicator etc Was enige waarskuwing deur u gegee byvoorbeeld toeter, flikkerlig, ensovoorts?						
	Police Details / Besonderhede van polisie		Name of Police/Traffic Officer who recorded accident details Naam van polisie / verkeersbeampte wat besonderhede van ongeluk geneem het			Police Station & Reference No. Polisie stasie en verwysingsnommer	
	Was driver tested for Alcohol or Drugs? Was bestuurder getoets vir alkohol of dwelms?						
	Description of Accident Beskrywing van ongeluk						
	Sketch of accident. Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road or warning signs in the vicinity of the scene of accident. If necessary, use separate page for sketch.						
	Sketsplan van ongeluk. Dui asseblief duidelik die punt van impak aan, asook die rigting waarin gereis was. Gee besonderhede van enige verkeers of waarskuwingstekens in die omgewing van die ongelukstoneel. Gebruik 'n aparte vel papier indien nodig.						
	LICENCE INSPECTED LISENSIE GE-INSPEKTEER	I have inspected the drivers license and it is free of endorsements/endorsed as shown Please attach copies of driver's licence and page 1 of drivers identity document Ek het die bestuurder se lisensie ge-inspekteer en dit is nie / is ge-endosseer soos aangedui Heg asseblief afskrifte van die bestuurder se lisensie en I.D. dokument se eerste bladsy aan				Signature Handtekening Capacity Hoedanigheid	
HHiermee waarborg ek/ons dat alle antwoorde / bewering(e) en of verklaring(s) in hierdie eisvorm deur my of namens my gemaak, waar en juis is en dat geen wesenlike feite wat die risiko mag of kan beïnvloed weerhou is nie. Hierdie en enige ander skriftelike verklaring deur my of namens my gemaak word beskou as bindend en is die basis waarvolgens die eis hanteer sal word tussen my/ons en die genomineerde versekeraar. Ek neem kennis dat hierdie nie 'n waarborg is van aanvaarding of bevestiging van erkenning van die skadeloosstelling in terme van hierdie eis nie.							
I / we hereby warrant that all the above particulars and statements are true and complete and contains all information known to me affecting the risks under the Sections to be insured. This and any other written statement made by me or on my behalf shall be the basis of and incorporated in the contract between me and the nominated insurance company. I take note that this is not a guarantee or acceptance or confirmation of the indemnification in terms of this claim.							
DECLARATION / VERKLARING	We / I hereby declare the foregoing particulars to be true in every respect Ons / Ek verklaar plegtig hiermee dat die voorafgaande inligting waar en korrek is.						
	Signature of Driver Handtekening van bestuurder			Signature of Insured Handtekening van versekerde			
	Capacity			Date Datum			
I / we hereby warrant that all the above particulars and statements are true and complete and contains all information known to me affecting the risks under the Sections to be insured and that this and any other written statement made by me or on my behalf for the purpose of the proposed insurance(s) shall be the basis of and incorporated in the contract between me and the nominated insurance company							
N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.							
N.B. DIT IS BELANGRIK DAT U DIE VERSEKERAARS ONMIDDELIK IN KENNIS STEL VAN ENIGE MOONTLIKE VERVOLGING, ONDERSOEK OF EIS.							