

Onsurance for real people by real people Insurance Brokers/Versekeringsmakelaars

Phone No. 086 111 6642 Fax No. 086 111 6642

Directors: DA Lowe, DJ Edmondson, D Lobb (Non-Executive) MRA Insurance Brokers (Pty) Ltd.

Suite 201, 2nd Floor, 44 on Mostert, Nelspruit. PO Box 3544, Nelspruit 1200

FSP NO:5230

MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

Policy	No.		Claim No.		
-	Name and Occupation				
Insured	Address and Day Telephone Number				
<u>u</u>	Identity Number				
		Make	Tare	Gross Veh. Mass	Kilometers completed
Vehicle	Description of Vehicle	Registration	Value	Model and Year	Date of purchase
	State name, address and account number of Finance Company				
Ve	Chassis / VIN No.				
	In whose name is the vehicle registered?				
	Damage to own vehicle				
ge	Estimate for repairs or attach quotation				
Damage	Repairer's name, address and tel. no.				
_	Where can your damaged vehicle be inspected?				
	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers License				
	State fully the purpose for which vehicle was being used Was he/she driving with your				
Driver	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 license ever been endorsed?				
	Has he/she any physical defects?				
(e)	Details of previous accidents				
		Name	Residenti	ial address	Injury
/ehic	D				
ıred \	Passengers in insured vehicle				
(Insu					
gers					
Passengers (Insured Vehicle)	For what purposes were they carried?		1		
Pŝ	Are they employees?				

		Name of Injured Relationship to accident e.g. driver, passenger etc		Details of Injuries	Name of Hospital if applicable						
	Personal injuries										
	(other than in insured vehicles)										
	This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF #) within 14 days if there is any likelihoo injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, PRETORIA 0001.										
arty	injunes, otherwise the runa may be able to				and address of owner and driver	Details of damage					
Other Party	Other vehicles										
0											
		Name and address of owner			Details of damage						
	Property other than vehicles										
	Name, Address and										
Witnesses	Telephone Number										
Witn	Name, Address and Telephone Number										
	Date, time and place										
	Speed	Before accident		k/ph	Moment of impact	k/ph					
	(a) Weather conditions (b) Visibility	(a)			(b)						
	(a) Road surface (b) Width of road	(a)			(b)						
	(a) Which vehicle lights were on? (b) Street lighting	(a)			(b)						
	Was any warning given by you, e.g. hooting, indicators, etc?	AL COLUMN TO SECUL			D. 1. 1. 1.						
	Police details	Name of Police/Traffic officer who recorded details of accident			Police station a	and reference number					
	Was driver tested for alcohol or drugs?										
ent											
Accident											
	DESCRIPTION										
	OF ACCIDENT										

	Signature of Insured N.B. IT IS IMPORTANT THAT YOU N		Capacity DIATELY YOU BECOM FOR DEMAND	E AWARE	OF ANY	IMPENI	Date DING P	ROSE	ECUT	ION,		_
Declaration	Signature We hereby declare the foregoing particulars to be true in every respect. Signature of Driver				Date							_
					Date							
License Inspected	I have inspected the driver's license and it is free of endorsements/endorsed as shown.											
Payment Method	Name of bank Name of Account / Type Account No.		Branch Account Number									
nent nod	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account account number.							and				
Insure assess	rs share information with each other regard sment of risks of proposed for insurance. P	ing domestic policies and claim lease refer to the Consent Clause	s with a view to prevent f	raudulent or more de	claims and	l obtain regard.	materia	Infor	matio	n rega	arding	the
	safety signs or warning signs in the vicinity of scene of accident.											
	Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road											
	SKETCH OF ACCIDENT (If necessary use separate page)											