



MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

INSURER		Name / Broker Claim No:				
		Policy No		Insurer Claim No		
INSURED	Name and Occupation					
	Address and Telephone No.					
	Identity Number/VAT Number					
VEHICLE	If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name, address and account number of Finance Company	Make	Model and Year	Registration		
		Value	Kilometres Completed			
		In whose name is the vehicle registered?				
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairer's name, address and telephone number					
	Where can your damaged vehicle be inspected?					
DRIVER	Full Name					
	Residential Address					
	Occupation					
	Date of Birth and Identity No.					
	Driving Licence	No.	Date	Place	Code	Full/Learner
	State fully the purpose for which the 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					
Insured vehicle(s)/PASSENGERS	PASSENGERS IN INSURED VEHICLE	Name	Residential Address	Injury		
	For what purpose were they carried?					
Are they employees?						

OTHER PARTY	PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	Name of Injured		Relationship to accident e.g. driver, passenger, etc.	Details of Injuries	Name of Hospital, if applicable	
	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, 001.						
	OTHER VEHICLES	Registration No.	Make	Name & Address of owner & driver		Details of damage	
	PROPERTY OTHER THAN VEHICLES	Name and address of owner			Details of Damage		

WITNESSES	Name, Address and telephone no.				
	Name, Address and telephone no.				
ACCIDENT	Date, time and place				
	Speed	Before accident		Moment of impact	
	(a) Weather conditions (b) Visibility	(a)		(b)	
	(a) Road surface (b) Width of road	(a)		(b)	
	(a) Which vehicle lights were on?	(a)		(b)	
	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 and 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 Method	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 and account no..				
	Name of Bank	<input style="width:200px;" type="text"/>	Branch Name	<input style="width:200px;" type="text"/>	
LICENCE INSPECTED	I have inspected the driver's licence and it is free of endorsements/endorsed as shown.				
	_____ Signature		_____ Capacity		
DECLARATION	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 (Claim Form Submitted Without Prejudice to, and or, Admission of Liability Whatsoever by Bay Union)					