



ASSOCIATED INSURANCE BROKERS

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MOTOR ACCIDENT CLAIM FORM

POLICY NUMBER						
CLAIM NUMBER						
INSURED	Name and occupation					
	Address and Day Telephone Number					
	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	Tare	Gross Veh. Mass	Kilometers Completed	
		Registration	Value	Model and year	Date of purchase and price paid	
	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 Number					
	Driving Licence	No.	Date	Place	Code	Full/Learner
	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 number 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 (Insured Vehicles)	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 VEHICLES)	Name of Injured	Relationship to accident eg. 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 (MMF 3) 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.				
	OTHER VEHICLES	Registration No.	Make	Name & address of owner and 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	kph	Moment of impact	kph
	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, eg. 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?				

Accident	<p>Description of accident.</p>	
	<p>SKETCH OF ACCIDENT (if necessary use separate page)</p> <p>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.</p>	
DECLARATION	<p>We hereby declare the foregoing particulars to be true in every respect.</p>	
	<p>_____ Signature of Driver</p>	<p>_____ Date</p>
	<p>_____ Signature of Insured</p>	<p>_____ Capacity</p>
		<p>_____ Date</p>
<p>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.</p>		