

ASSOCIATED INSURANCE BROKERS

Reg No 1982/010997/07



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**MOTOR ACCIDENT CLAIM FORM**

POLICY NUMBER					
INSURED	Name and occupation				
	Address				
	Telephone/ Cell Number				
	E-mail address				
	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
	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?					
THIRD 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?		
	Description of accident		
	<p style="text-align: center;">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.</p> <p>Give details of any road safety signs, or warning signs in vicinity of scene of accident.</p>		
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.			