

MOTOR ACCIDENT CLAIM FORM

| | | | | |
|---------|------------|--|--------------|--|
| INSURED | Insurer | | Policy No. | |
| | Name | | | |
| | Occupation | | Telephone No | |
| | Address | | | |

| | | | |
|---------|---|-------------------|--------|
| VEHICLE | Make: | Tare: | Model: |
| | Gross Vehicle Mass: | Odometer Reading: | |
| | Registration No: | Value: | |
| | Date of purchase: / / | Purchase price: | |
| | If vehicle is subject to a Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company: | | |
| | | | |

| | | |
|--------|--|--|
| DAMAGE | Damage to own vehicle | |
| | Estimate for repairs or attach quote | |
| | Repairers name address and telephone number | |
| | Where can your damaged vehicle be inspected? | |

| | | | | |
|--------|--|------------|-----------------|------------------|
| DRIVER | Full Name: | | Date of Birth: | / / |
| | Address: | | | |
| | Occupation: | | Tel No. | |
| | Drivers Licence: | No: | Date: / / | Code: |
| | | Place: | Full Licence | Learners Licence |
| | State fully the purpose for which the vehicle was being used | Private | Business | Both |
| | Was the vehicle being used with your permission? | | Yes | No |
| | Was the driver in your employ? | | Yes | No |
| | Has the driver any motor insurance? | | Yes | No |
| | If YES, please state: | Policy No: | Insurer: | |
| | Details of any convictions for motoring offences: | | | |
| | Has licence been endorsed? | | Yes | No |
| | Does the driver have any physical defects? | | Yes | No |
| | Details of previous accidents: | | | |

| | | | | |
|---------------------------------|--|------|---------|--------|
| PASSENGERS (Insured Vehicle) | Details of Passengers in the Insured vehicle | Name | Address | Injury |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

CPT
0861 682 467 (MUA INS)
PHONE +27 21 525 6200 FAX +27 21 525 6300
ADDRESS Block A & B Edison Square Cnr. Edison
Way & Century Avenue Century City
POSTAL PO Box 84 Century City 7446

DBN
0861 682 467 (MUA INS)
PHONE +27 31 275 8600 FAX +27 31 265 1719
ADDRESS Viewz 11 The Boulevard Westway Office
Park Westville 3630
POSTAL PO Box 2725 Westway 3630

JHB
0861 682 467 (MUA INS)
PHONE +27 11 560 0600 FAX +27 11 327 1710
ADDRESS MUA House 26 Sturdee Avenue
Rosebank Johannesburg 2196
POSTAL PO Box 131152 Bryanston 2021

| | | |
|--|--|--------|
| | For what reason were they being transported? | |
| | Are they employees? | Yes No |

| | | | | | | |
|---------------------|--|---------------------------|---|----------------------------------|----------------------------------|--|
| OTHER PARTY DETAILS | Damage to other vehicle | Registration No. | Make / Model | Name & address of owner & driver | Details of damage | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | Damage to property other than vehicles | Name and address of owner | | | Details of damage | |
| | | | | | | |
| | | | | | | |
| | Personal Injuries (other than in Insured vehicles) | Name of injured | Relationship to accident e.g. driver, passenger | Details of injuries | Name of hospital (if applicable) | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

| | | | | |
|----------|--------------------------------|-----------------|---------|---------------|
| WITNESSE | Name: | Address: | | Telephone No: |
| | | | | |
| | | | | |
| THEFT | Date: / / | Time: | Place: | |
| | Was vehicle locked? | Yes | No | |
| | Who has the keys? | Yes | No | |
| | Police Station: | Police Case No: | | |
| | Engine No: | Chassis No: | Colour: | |
| | Details of Accessories stolen: | | | |

| | | | | |
|------------------|-------------------------------|------------------|------------------|--|
| ACCIDENT DETAILS | Date: / / | Time: | Place: | |
| | Speed: | Before accident: | On impact: | |
| | Weather conditions: | | Visibility: | |
| | Road Surface: | | Width of road: | |
| | Which vehicle lights were on? | | Street lighting: | |

| | | | | |
|---|--|-----------|----|-----------------|
| ACCIDENT DETAILS | Was any warning, e.g. hooting, indication etc. given by you? | | | |
| | | | | |
| | Police details | Case No.: | | Police Station: |
| | Was the driver tested for alcohol or drugs? | Yes | No | Result of test: |
| | Description of accident: | | | |
| | | | | |
| | | | | |
| | | | | |
| Sketch of Accident (if necessary, please use a separate page) | Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety or warning signs in the vicinity of the scene of accident. | | | |

| | | | |
|--------------------|---|-----------|-----------|
| DECLARATION | We hereby declare the foregoing particulars to be true in every respect | | |
| | Signature of driver: | | Date: / / |
| | Signature of owner: | Capacity: | Date: / / |
| | NB. It is important that you notify Insurers immediately you become aware of any impending prosecution, inquest or demand | | |

| | | |
|---------------------|-----------------|--|
| BANK DETAILS | Bank: | |
| | Account Holder: | |
| | Branch Code: | |
| | Account No: | |