MOTOR ACCIDENT CLAIM FORM
MOTORONGELUK - EISVORM

INSURER		Policy No.			
VERSEKERAAR		Polisnr.			
INSURED					**VERSEKERDE**
Name and Occupation					Naam en beroep
Identity number					Identiteitsnommer
Address and (Day) Phone no.					Adres en (Dag) Telefoonnr.
VEHICLE	Make/ Fabrikaat	Tare/Tarra	Gross Veh. Mass	Kilometres completed	**VOERTUIG**
			Bruto Voert. Massa	Kilometers afgelê	
If vehicle subject to Hire Purchase,	Registration	Value	Model and Year	Date of purchase	Indien voertuig onder Huurkoop-,
Credit or Leasing agreement, state	Registrasie	Waarde	Model en Jaar	Datum van aankoop	Krediet-, of Bruikhuur ooreen=
name and address of Finance					koms is, meld naam van Finan=
Company					sieringsmaatskappy.
In whose name is the vehicle					In wie se naam is die voertuig
registred?					geregistreer?
DAMAGE					**SKADE**
Damage to own vehicle					Skade aan u eie voertuig
Estimate for repairs or attach					Beraamde herstelkoste of heg
quotation					kwotasie aan
Repairer's name address and					Hersteller se naam, adres en
telephone number					telefoonnommer
Where can your damaged					Waar kan beskadigde voertuig
vehicle be inspected?					ondersoek word?
DRIVER					**BESTUURDER**
Full name					Volle naam
Address					Adres
Occupation					Beroep
Identity Number					Identitietsnommer
Driving Licence	No. Nr.	Date Datum	Place Plek	Code Kode	Rybewys
State fully the purpose for which					Meld volledig die doel waarvoor
the vehicle was being used					die voertuig gebruik is.
Was he/she driving with your					Het hy/sy met u toestemming
permission?					bestuur?
Was he/she in your employ?					Was hy/sy in u diens?
Is he/she owner of another vehicle					Is hy/sy die eienaar van 'n ander
If yes give name of insurer and					voertuig? Indien ja meld naam
policy number					van versekeraar en polisnommer
Details of any convictions for					Besonderhede van enige veroor=
motoring offences					delings weens motorry-oortredings
Has licence ever been endorsed?					Is rybewys ooit geëndosseer?
Has he/she any physical defects?					Ly hy/sy aan enige gebreke?
Details of previous accidents					Enige vorige ongelukke?
PASSANGERS	Name Naam	Address Adres		Injury Besering	**PASSASIERS**
(Insured Vehicle)					**(Versekerde voertuig)**
PASSANGERS IN INSURED					**PASSASIERS IN**
VEHICLE					**VERSEKERDE VOERTUIG**
For what purpose where they					Met watter doel is hulle vervoer?
carried?					
Are they employees?					Is hulle werknemers?

OTHER PARTY	Registration No.	Make	Name and address of	Details of damage	**ANDER PARTY**
OTHER VEHICLES	Registrasienr	Fabrikaat	Owner and driver	Besonderhede van	ANDER VOERTUIE
			Naam en adres van	skade	
			Eienaar en Bestuurder		

PROPERTY OTHER	Name and address of owner		Details of damage	EIENDOM UITGESONDERD
THAN VEHICLES	Naam en adres van eienaar		Besonderhede van skade	VOERTUIE

PERSONAL INJURIES	Name of injured	Details of	Relationship to accident	Name of hospital if	PERSOONLIKE BESERINGS
(OTHER THAN IN INSURED	Naam van beseerde	Injuries	e.g. Driver, Passenger	applicable	(UITGESONDERD DIE IN
VEHICLES)		Besonderhede	Verband met ongeluk bv	Naam van hospitaal	VERSEKERDE VOERTUIG)

		van beserings	Bestuurder, Passasier	indien van toepassing	

WITNESSES					**GETUIES**
Name, Address and Phone No.					Naam, Adres en telefoonnr.
Name, Address and Phone No.					Naam, Adres en Telefoonnr.
ACCIDENT					**ONGELUK**
Date, Time, Place					Datum, Tyd, Plek
Speed	Before accident		Moment of impact		Spoed
	Voor ongeluk		Oomblik van botsing		
a) Weather Conditions					a) Weersomstandighede
b) Visibility					b) Sigbaarheid
c) Road surface					c) Padoppervlak
d) Width of road					d) Breedte van pad
e) Which vehicle ligts were on?					e) Watter voertuigligte was aan?
f) Street lighting					f) Straatbeligting
Was any warning given by you,					Is enige waarskuwing deur u ge=
e.g. hooting, indicator etc?					gee, bv. toeter, flikkerlig ens?
Police details	Name of Police/Traffic officer who re=		Police Station and reference No.		Polisiebesonderhede
	corded details of accident				
	Naam van Polisie-/Verkeersbeampte		Polisiestasie en verwysingsnommer		
	wat besonderhede van ongeluk				
	geneem het				
Was driver tested for Alcohol or					Is bestuurder getoets vir Alkohol
drugs?					of Dwelmmiddels?
DESCRIPTION					BESKRYWING
OF					VAN
ACCIDENT					ONGELUK
SCETCH					SKETS
OF					VAN
ACCIDENT					ONGELUK
(If neccecary use seperate page)					(Indien nodig heg aparte
					sketsplan aan)
LICENCE INSPECTED					**RYBEWYS NAGEGAAN**
I have inspected the driver's licence and it is free of endorsments/endorsed as shown.					
Ek het die bestuurder se rybewys nagegaan en dit is nie geëndosseer nie/ is nie geëndosseer soos aangedui.					
Signature					
Handtekening.....					
Please attach copies of driver's licence and page 1 of driver's identity document.					
Heg asseblief afskrifte van die bestuurslisensie en bladsy 1 van die identiteitsdokument hierby aan.					
Capacity					
Hoedanigheid.....					
DECLERATION					**VERKLARING**
We hereby declare the foregoing particulars to be true in			Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is.		
every respect.					
Signature of driver			Date		
Bestuurder se handtekening.....			Datum.....		
Signature of insured		Capacity		Date	
Versekerde se handtekening.....		Hoedanigheid.....		Datum.....	

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST					
OR DEMAND. DIT IS BELANGRIK DAT U DIE VERSEKERAARS ONMIDDELIK IN KENNIS STEL SODRA U BEWUS WORD VAN ENIGE					
VEVOLGING, NADOODSE ONDERSOEK OF EIS.					
N.B. ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPERATELY TO YOUR THIRD PARTY INSURERS WITHOUT DELAY.					
ENIGE PERSOONLIKE BESERINGS WAT OP DIE KEERSY VERMELD WORD MOET ONMIDDELIK EN AFSONDERLIK AAN U DERDERPARTY					
VERSEKERAARS GERAPPORTEER WORD.					

MOTOR THEFT CLAIM FORM

INSURER		Policy No.		
INSURED				
Name and Occupation				
Identity number				
Address and (Day) Phone no.				
VEHICLE	Make	Tare	Gross Veh. Mass	Kilometres completed
If vehicle subject to Hire Purchase,	Registration	Value	Model and Year	Date of purchase
Credit or Leasing agreement, state				
name and address of Finance				
Company				
In whose name is the vehicle				
registred?				
THEFT DETAILS				
Date, Time, Place				
Description of theft				
Police details	Police Station and reference No.			
DECLERATION				
I/We hereby declare the foregoing particulars to be true in				
every respect.				
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.				