

MOTOR VEHICLE OWN DAMAGE CLAIM FORM



NB !! COPY OF DRIVER'S LICENSE TO BE ATTACHED

1. THE INSURED

Surname _____ Initials _____

Full Name _____ Identity Number _____

Address (H) _____ Address (W) _____

Postal Code _____ Postal Code _____

Telephone: Home no. _____ Work no. _____ Fax no. _____

Cell no. _____ Email _____

Occupation _____

2. THE DRIVER AT THE TIME OF THE ACCIDENT

NB !! Copy of driver's license to be attached

Surname _____ Initials _____

Full Name _____ Identity Number _____

Address _____

Postal Code _____

Telephone: Home no. _____ Work no. _____ Cell no. _____

Driver's License : Code _____ Date issued _____

Limitations _____ Full/Learner's _____

Was the driver sober? Yes ☐ No ☐ Was a blood sample taken after the incident? Yes ☐ No ☐

If yes, what was the result? _____

3. THE VEHICLE

Make _____ Year model _____ Registration number _____

Colour _____ Is the vehicle insured under any other policy? Yes ☐ No ☐

Name of registered owner _____

Address of registered owner _____

Name and Address of title holder if the vehicle is subject to a Hire-purchase agreement or similar agreement _____

Description of damage to vehicle _____

Estimated cost of repairs R _____

Have instructions for repair been given? Yes ☐ No ☐

If yes, by whom _____

Address where damaged vehicle may be inspected _____

4. THE ACCIDENT

Date _____ Place _____ Time _____ h _____ (eg, 15h30)

If the accident occurred outside the borders of the Republic of South Africa, please mention in which Country

Police Station / Traffic Department where accident was reported _____

Police / Traffic Department Reference number _____

Short description of accident _____

For what purpose was the vehicle being used at the time of the accident?

4.1 Are there other parties who can claim damages arising from the accident from you or from whom you can claim damages? Yes ☐ No ☐

4.2 Have any passengers in your vehicle sustained any injuries? Yes ☐ No ☐

If your answer to any of questions 4.1 and 4.2 above is Yes, please complete the Motor Vehicle Third Party Liability Claim Form.

DECLARATION

We warrant the truth of the answers to the above questions and I/we declare that no information has been withheld and that the amount claimed for presents my/out loss arising from the above stated occurrence.

SIGNED AT _____ ON _____

SIGNATURE OF INSURED

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY AND THE INSURED'S ATTENTION IS DRAWN TO THE POLICY CONDITIONS WHICH STIPULATE THAT NO ADMISSION, OFFER, PROMIS, PAYMENT OR NEGOTIATION SHALL BE MADE WITHOUT THE WRITTEN CONSENT OF THE COMPANY.