

# MOTOR ACCIDENT CLAIM FORM



## INSURED

Insurer	Policy No.
Name	
Tel	Occupation
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	ID Number
Address	
Occupation	Tel
Drivers Licence no	Drivers Licence date

**CPT**  
**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**  
**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**  
**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

MUA Insurance Acceptances (Pty) Ltd is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of Compass Insurance Company Limited.  
An authorised Financial Services Provider (FSP No.: 12148) **REGISTRATION NUMBER** 2008/011925/07  
**DIRECTORS** R A Gainsford (Chairman) C Y Fourie (Managing Director) L Keel (Swiss) T Muranda V J Hayter **EMAIL** info@mua.co.za **WEB** www.mua.co.za

## DRIVER

Drivers licence code	Drivers licence place:
Drivers licence learners or full?	State fully the purpose for which the vehicle was being used
Was the vehicle being used with your permission?	
Was the driver in your employ?	
Has the driver any motor insurance?	
If YES, please state Policy No	Insurer
Details of any convictions for motoring offences	
Has licence been endorsed?	
Does the driver have any physical defects?	
Details of previous accidents	
Advanced Driving Course? (If yes please attach certificate)	

## PASSENGERS (insured Vehicle)

Details of Passengers in the Insured vehicle		
Name	Address	Injury
For what reason were they being transported?		
Are they employees?		

## OTHER PARTY DETAILS

Damage to other vehicle	
Name of owner & driver	
Address of owner & driver	
Details of damage	
Registration No.	Make / Model

## OTHER PARTY DETAILS

Name of owner & driver	
Address of owner & driver	
Details of damage	
Registration No.	Make / Model

Name of owner & driver	
Address of owner & driver	
Details of damage	
Registration No.	Make / Model

Name of owner & driver	
Address of owner & driver	
Details of damage	
Registration No.	Make / Model

### Damage to property other than vehicles

Name of owner
Address of owner
Details of damage

Name of owner
Address of owner
Details of damage

Name of owner
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)	

Name of injured	Relationship to accident e.g. driver, passenger
Details of injuries	
Name of hospital (if applicable)	

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Details of injuries	
Name of hospital (if applicable)	

Name of injured	Relationship to accident e.g. driver, passenger
Details of injuries	
Name of hospital (if applicable)	

## WITNESS

Name		Tel
Address		
Date	Time	Place
Name		Tel
Address		
Date	Time	Place
Name		Tel
Address		
Date	Time	Place

## THEFT

Was vehicle locked?	
Who has the keys?	
Police Station	Police Case No
Engine No	Chassis No
Colour	
Details of Accessories stolen	

## ACCIDENT DETAILS

Date	Time	Place
Speed before accident	Speed on impact	
Weather conditions	Visibility	
Road Surface	Width of road	
Which vehicle lights were on?	Street lighting	
Was any warning, e.g. hooting, indication etc. given by you?		
Police Case No.	Police Station	
Was the driver tested for alcohol or drugs?	Result of test	
Description of accident		

## ACCIDENT DETAILS

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 insured	Date
Capacity	
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

