

MOTOR ACCIDENT CLAIM FORM

Please do not obtain any quotations. We will appoint an Assessor to assess the damage to your vehicle.

Clear copy of Driver's licence to be submitted with claim form.



Insured

Policy No. <input type="text"/>	
Name of insured <input type="text"/>	
Tel (cellphone) <input type="text"/>	Tel (business) <input type="text"/>
Occupation <input type="text"/>	
Address <input type="text"/>	

Vehicle

Make <input type="text"/>	Tare <input type="text"/>
Model <input type="text"/>	Gross Vehicle Mass <input type="text"/>
Odometer Reading <input type="text"/>	Registration No <input type="text"/>
Value <input type="text"/>	Date of purchase <input type="text"/>
Purchase price R <input type="text"/>	
If vehicle is subject to a Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company: <input type="text"/>	

Damage

Damage to own vehicle <input type="text"/>
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Driver

Full Name <input type="text"/>	ID Number <input type="text"/>
Foreign National Yes <input type="checkbox"/> No <input type="checkbox"/> - if 'yes': Do you have SA residency? Yes <input type="checkbox"/> No <input type="checkbox"/>	
- if 'yes': Date SA residency obtained <input type="text"/>	
Address <input type="text"/>	
State fully the purpose for which the vehicle was being used <input type="text"/>	

CPT
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS 4th Floor, Gihon Building, Cnr. Bill Bezuidenhout and Sportica Road, Tygervalley
POSTAL PO Box 5777, Tygervalley, 7536
EMAIL newquotes@mua.co.za

DBN
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS 1st Floor Units 5 & 6, Aloe Block, Fairway Green, 3 Abrey Road, Kloof, 3610
POSTAL PO Box 591 Gillitts 3603
EMAIL newquotes@mua.co.za

JHB
PHONE +27 861 682 467 **FAX** +27 86 455 0713
ADDRESS Ground Floor, Unit 2, Bruton Office Park, 18 Bruton Road, Bryanston
POSTAL PO Box 131152, Bryanston 2021
EMAIL newquotes@mua.co.za

MUA Insurance Acceptances (Pty) Ltd (Registration number 2008/011925/07) is an authorised Financial Services Provider (FSP No.: 37947) underwriting on behalf of Auto & General Insurance Company Limited (Registration number 1973/016880/06), an authorised Financial Services Provider (FSP No.: 16354).

DIRECTORS V J Hayter C Y Fourie (Managing Director) T Muranda R Farrell D Loots **EMAIL** info@mua.co.za **WEB** www.mua.co.za

Driver

Was the vehicle being used with your permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the driver in your employ? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the driver any motor insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If YES, please state Policy No <input type="text"/>	Insurer <input type="text"/>
Details of any convictions for motoring offences <input type="text"/>	
Has licence been endorsed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the driver have any physical defects? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Details of previous accidents <input type="text"/>	
Advanced Driving Course? (If yes please attach certificate) Yes <input type="checkbox"/> No <input type="checkbox"/>	

Passengers details (in insured vehicle)

1. Name and surname <input type="text"/>	Address <input type="text"/>	Injury <input type="text"/>
	Email address <input type="text"/>	Tel <input type="text"/>
2. Name and surname <input type="text"/>	Address <input type="text"/>	Injury <input type="text"/>
	Email address <input type="text"/>	Tel <input type="text"/>
3. Name and surname <input type="text"/>	Address <input type="text"/>	Injury <input type="text"/>
	Email address <input type="text"/>	Tel <input type="text"/>
4. Name and surname <input type="text"/>	Address <input type="text"/>	Injury <input type="text"/>
	Email address <input type="text"/>	Tel <input type="text"/>
For what reason were they being transported? <input type="text"/>		
Are they employees? <input type="text"/>		

Other party details

Damage to other vehicle		
Name of owner & driver <input type="text"/>		ID Number <input type="text"/>
Tel <input type="text"/>	Email <input type="text"/>	Address <input type="text"/>
Details of damage <input type="text"/>		
Type of usage <input type="text"/>	Reg. No. <input type="text"/>	Make / Model <input type="text"/>
Name of owner & driver <input type="text"/>		ID Number <input type="text"/>
Tel <input type="text"/>	Email <input type="text"/>	Address <input type="text"/>
Details of damage <input type="text"/>		
Type of usage <input type="text"/>	Reg. No. <input type="text"/>	Make / Model <input type="text"/>

Other party details

Name of owner & driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model
Name of owner & driver		ID Number
Tel	Email	Address
Details of damage		
Type of usage	Reg. No.	Make / Model

Damage to property other than vehicles

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Name of owner		ID Number
Tel	Email	Address
Details of damage		

Personal Injuries (other than in Insured vehicles)

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

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

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

Name of injured		Relationship to accident e.g. driver, passenger
Tel	Email	Address
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? Yes <input type="checkbox"/>		No <input type="checkbox"/>	
Who has the keys?			
Police station		Police Case number	
Engine number		Chassis number	
Colour		VIN number	
Details of accessories stolen			
Anti-theft device? Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Incident details

Date		Time		Province	
Intersection			Suburb		
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? Yes <input type="checkbox"/>					
No <input type="checkbox"/>					
Police Case No.			Police station		
Was the driver tested for alcohol or drugs?			Result of test		
Yes <input type="checkbox"/>			No <input type="checkbox"/>		

Incident details

Description of accident (include intersection)

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

I/We understand that the completion of this form does not bind the Company to payment of any claim. I/We further declare that the foregoing particulars are true in every respect and that I/we have not withheld from the Company any information connected with the loss:

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