



POLISNOMMER  
POLICY NUMBER

EISNOMMER  
CLAIM NUMBER

**DEEL / SECTION A  
INDIEN DIE VERSEKERDE 'N BESIGHEID IS / IF THE INSURED IS A BUSINESS**

Dui asb. die soort besigheid aan  
Please indicate the kind of business

1.	Openbare Maatskappy Public Company	<input type="checkbox"/>	2.	Privaat Maatskappy Private Company	<input type="checkbox"/>
3.	Beslote Korporasie Closed Corporation	<input type="checkbox"/>	4.	Vennootskap Partnership	<input type="checkbox"/>
5.	Eenmansaak One-man concern	<input type="checkbox"/>			
6.	Geregistreerde adres Registered address	<input type="text"/>			
7.	Geregistreerde nommer indien 1, 2 of 3 hierbo Registered number if 1, 2 or 3 above	<input type="text"/>			
8.	BTW Registrasienommer VAT Registration number	<input type="text"/>			

**DEEL / SECTION B  
INDIEN DIE BESTUURDER VAN DIE VOERTUIG NIE DIE VERSEKERDE IS NIE /  
IF THE DRIVER OF THE VEHICLE IS NOT THE INSURED**

Was die bestuurder van die voertuig in die versekerde se diens tydens die ongeluk?  
Was the driver of the vehicle in the insured's employ at the time of the accident?

JA YES	<input type="checkbox"/>	NEE NO	<input type="checkbox"/>
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Was die voertuig volgens die versekerde se instruksies gebruik?  
Was the vehicle used according to the insured's instructions?

JA YES	<input type="checkbox"/>	NEE NO	<input type="checkbox"/>
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Het die bestuurder van die voertuig sy/haar eie motorvoertuigversekeringspolis?  
Does the driver of the vehicle have his/her own motor vehicle insurance policy?

JA YES	<input type="checkbox"/>	NEE NO	<input type="checkbox"/>
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Indien Ja, naam van versekeringsmaatskappy?  
If Yes, name of insurance company?

Polisnommer  
Policy Number

**DEEL / SECTION C  
DIE ONGELUK / THE ACCIDENT**

Plek van ongeluk / Place of accident

Stads- / Dorpsgebied Urban / Municipal area	<input type="checkbox"/>
Snelweg / Hoofpad Highway / Main Road	<input type="checkbox"/>
Landelike gebied Rural area	<input type="checkbox"/>

- Vermeld asb. die straatnaam en voorstad hier onder  
Please state the street name and suburb below

- Vermeld asb. tussen watter dorpe/afritte hier onder  
Please state between which towns/exits below

- Vermeld asb. tussen watter dorpe en die geskatte afstand na die naaste dorp hier onder  
Please state between which towns and the estimated distance to the nearest town below

Beraamde spoed van die voertuig tydens die ongeluk  
Estimated speed of the vehicle at the time of the accident

Sigbaar Visibility	<input type="text"/>	Toestand van pad State of road	<input type="text"/>
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Wydte van pad Road width	<input type="text"/>	Nat- of mooiweer Wet or fine weather	<input type="text"/>
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INDIEN DIE ONGELUK GEDURENDE DIE NAG OF TYDENS TOESTANDE VAN SWAK SIGBAARHEID GEBEUR HET, WATTER LIGTE HET GEBRAND VAN:  
IF THE ACCIDENT OCCURRED AT NIGHT OR DURING CONDITIONS OF POOR VISIBILITY, WHAT LIGHTS WERE EXHIBITED BY:

(a) U voertuig / Your vehicle  (b) Ander voertuig / Other vehicle

Watter tekens, hoorbaar of andersins is gegee?  
What signals, audible or otherwise, were given?

Was u aan u eie kant?  
Were you on your nearside? 

JA YES	<input type="checkbox"/>	NEE NO	<input type="checkbox"/>
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Wie is volgens u mening verantwoordelik vir die ongeluk?  
Who in your opinion was to blame for the accident?

Was enige verklaring deur ooggetuies gedoen van wie skuldig is?  
Was any statement as to fault made by any eye-witness? 

JA YES	<input type="checkbox"/>	NEE NO	<input type="checkbox"/>
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 Indien Ja, verstrek asb. besonderhede hieronder  
If Yes, please furnish particulars below

**OOGGETUIES / EYE-WITNESSES**

Naam/Name	Adres/Address	Telefoonnommer/Telephone number

**VOLLEDIGE BESKRYWING VAN DIE ONGELUK / FULL DESCRIPTION OF THE ACCIDENT**

## SKETSPLAN VAN DIE ONGELUK / SKETCH PLAN OF THE ACCIDENT

Met u voertuig aangedui as X en die ander party / partye aangedui as A, B of C soos per DEEL D, dui asb. die volgende in die skets aan.  
With your vehicle shown as X and the other party / parties shown as A, B or C as per SECTION D, please show the following in the drawing.

- (a) Posisie van betrokke voertuie en persone voor en na die ongeluk en rigting waarin hulle gery het.  
Position of vehicles and persons involved before and after the accident and direction in which they were travelling.
- (b) Punt van botsing / Point of impact.



**DEEL / SECTION D**  
**BESONDERHEDE VAN ANDER PARTYE BETROKKE / PARTICULARS OF OTHER PARTIES INVOLVED**

**A**

Van Surname		Voorletters Initials		ID No.	
Adres Address (H)		Adres Address (W)			
	Poskode Postal code		Poskode Postal code		
Faksnr. Fax no.		Selnr. Cell no.			
Telefoonnr. Telephone no.: (W)		(H)		Beroep Occupation	
Besonderhede van voertuig Particulars of vehicle	Maak Make			Reg. No.	
Beskrywing van skade Description of damage					
Is die ander party verseker? Is other party insured?	JA YES		NEE NO		Indien Ja, meld die maatskappy se naam en polisnommer hieronder If Yes, mention the company's name and policy number below
Naam/Name					
Polisnommer/Policy number					

**B**

Van Surname		Voorletters Initials		ID No.	
Adres Address (H)		Adres Address (W)			
	Poskode Postal code		Poskode Postal code		
Faksnr. Fax no.		Selnr. Cell no.			
Telefoonnr. Telephone no.: (W)		(H)		Beroep Occupation	
Besonderhede van voertuig Particulars of vehicle	Maak Make			Reg. No.	
Beskrywing van skade Description of damage					
Is die ander party verseker? Is other party insured?	JA YES		NEE NO		Indien Ja, meld die maatskappy se naam en polisnommer hieronder If Yes, mention the company's name and policy number below
Naam/Name					
Polisnommer/Policy number					

**C**

Van Surname		Voorletters Initials		ID No.	
Adres Address (H)		Adres Address (W)			
	Poskode Postal code		Poskode Postal code		
Faksnr. Fax no.		Selnr. Cell no.			
Telefoonnr. Telephone no.: (W)		(H)		Beroep Occupation	
Besonderhede van voertuig Particulars of vehicle	Maak Make			Reg. No.	
Beskrywing van skade Description of damage					
Is die ander party verseker? Is other party insured?	JA YES		NEE NO		Indien Ja, meld die maatskappy se naam en polisnommer hieronder If Yes, mention the company's name and policy number below
Naam/Name					
Polisnommer/Policy number					

**Indien u vermoed of weet dat 'n party hierbo sy/haar werkgewer se voertuig bestuur het, verskaf asb volgende inligting**  
**If you suspect or know that a party above was driving his/her employer's vehicle, please furnish the following information**

Naam van werkgewer/Name of employer	
Besigheidsadres/Business address	

**DEEL / SECTION E**  
**BESONDERHEDE VAN BESEERDE PASSASIERE / PARTICULARS OF INJURED PASSENGERS**

(a)

Naam/Name:	
Adres/Address:	
Telefoonnommer/Telephone number: (H)	
	(W)

\_\_\_\_\_

Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger

\_\_\_\_\_

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger

\_\_\_\_\_

(b) Naam/Name:

\_\_\_\_\_

Adres/Address:

\_\_\_\_\_

Telefoonnommer/Telephone number: (H)

\_\_\_\_\_

(W)

\_\_\_\_\_

Besonderhede van besering/Particulars of injury:

\_\_\_\_\_

\_\_\_\_\_

Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger

\_\_\_\_\_

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger

\_\_\_\_\_

(c) Naam/Name:

\_\_\_\_\_

Adres/Address:

\_\_\_\_\_

Telefoonnommer/Telephone number: (H)

\_\_\_\_\_

(W)

\_\_\_\_\_

Besonderhede van besering/Particulars of injury:

\_\_\_\_\_

\_\_\_\_\_

Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger

\_\_\_\_\_

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger

\_\_\_\_\_

(d) Naam/Name:

\_\_\_\_\_

Adres/Address:

\_\_\_\_\_

Telefoonnommer/Telephone number: (H)

\_\_\_\_\_

(W)

\_\_\_\_\_

Besonderhede van besering/Particulars of injury:

\_\_\_\_\_

\_\_\_\_\_

Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger

\_\_\_\_\_

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger

\_\_\_\_\_

(e) Naam/Name:

\_\_\_\_\_

Adres/Address:

\_\_\_\_\_

Telefoonnommer/Telephone number: (H)

\_\_\_\_\_

(W)

\_\_\_\_\_

Besonderhede van besering/Particulars of injury:

\_\_\_\_\_

\_\_\_\_\_

Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger

\_\_\_\_\_

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger

\_\_\_\_\_

Vir watter doel is die passasier(s) vervoer? / For what purpose was/were the passenger(s) conveyed?

\_\_\_\_\_

Ek verklaar dat na my beste wete die bostaande besonderhede waar en juis is en 'n volledige blootlegging is van die omstandighede van die eis en ek onderneem om die maatskappy al die hulp in my vermoë met die hantering van die eis te verleen.

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim and I undertake to render to the company every assistance in my power in dealing with the matter.

DATUM

DATE .....

HANDTEKENING VAN VERSEKERDE

SIGNATURE OF INSURED.....

**DIE UITREIKING VAN HIERDIE VORM IS NIE 'N ERKENNING VAN AANSPREEKLIHEID NIE./THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY.**