MOTOR ACCIDENT CLAIM FORM

Proposal Form for Personal Insurance

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

Insuring the Individual.

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 R	
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

CPT
PHONE +27 861 682 467 **FAX** +27 21 525 6300
ADDRESS Block A & B Edison Square
Cnr. Edison Way & Century Avenue Century City
POSTAL PO Box 5777, Tygervalley, 7536
EMAIL ctnquotes@mua.co.za

DBN
PHONE +27 861 682 467 **FAX** +27 21 525 6300
ADDRESS 1st Floor Units 5 & 6, Aloe Block,
Fairway Green, 3 Abrey Road, Kloof, 3610
POSTAL PO Box 591 Gillitts 3603
EMAIL dbn-quotes@mua.co.za

JHB
PHONE +27 861 682 467 **FAX** +27 21 525 6300
ADDRESS Ground Floor, Unit 2, Bruton Office
Park, 18 Bruton Road, Bryanston
POSTAL PO Box 131152, Bryanston 2021
EMAIL jhbquote@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 **EMAIL** info@mua.co.za **WEB** www.mua.co.za

DRIVER

Drivers Licence no	Drivers Licence date
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? Yes ☐ No ☐	
Was the driver in your employ? Yes ☐ No ☐	
Has the driver any motor insurance? Yes ☐ No ☐	
If YES, please state Policy No	Insurer
Details of any convictions for motoring offences	
Has licence been endorsed? Yes ☐ No ☐	
Does the driver have any physical defects? Yes ☐ No ☐	
Details of previous accidents	
Advanced Driving Course? (If yes please attach certificate) Yes ☐ No ☐	

PASSENGERS DETAILS (in insured Vehicle)

1. Name and surname	Address	Injury
	Email address	Tel
2. Name and surname	Address	Injury
	Email address	Tel
3. Name and surname	Address	Injury
	Email address	Tel
4. Name and surname	Address	Injury
	Email address	Tel

For what reason were they being transported?

Are they employees?

OTHER PARTY DETAILS

Damage to other vehicle

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

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

ACCIDENT 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 ☐ No ☐		
Police Case No.	Police Station	
Was the driver tested for alcohol or drugs? Yes ☐ No ☐	Result of test	
Description of accident (include intersection)		

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 Capacity	Date
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