

MOTOR ACCIDENT CLAIM FORM

Broker/Insurer Name:		Policy No:		Claim No:	
Insured	Name and Occupation				
	Address and Day Tel. No				
	Identity Number/VAT Number				
Vehicle	Vehicle Details	Make:	Registration:	Model & Year:	Value:
	State name and account number of Finance Company				
	Chassis/VIN No.				
	In whose name is the vehicle registered?				
Damage	Damage to own vehicle				
	Estimate for repairs or attach quotation				
	Repairer's name and telephone number				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers Licence				
	State fully the purpose for which vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Has he/she any motor insurance on own car? If yes, state Policy no. and Company				
	Details of any convictions for motoring offences				
	Has licence ever been endorsed?				
Has he/she any physical defects?					

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Driver	Details of previous accidents					
	Passengers in insured vehicle	Passengers in insured vehicle	Name	Residential Address	Injury	
For what purpose were they being carried?						
Are they employees?						
Other Party	Personal injuries (other than in insured vehicles)	Name of injured	Relationship to accident e.g. Driver, passenger etc.	Details of injuries	Name of hospital if applicable	
	<p>This accident must be reported to the Road Accident Fund using the special accident report form (RAF3) within 14 days of there is any likelihood of injuries, otherwise the fund may be able to recover from you. The Fund's website address is www.raf.co.za</p>					
Other vehicles	Registration No.	Make	Name and address of owner and driver		Details of Damage	
Property other than vehicles	Name and address of owner			Details of damage		
Witness	Name, Address, Telephone Number					

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Witness	Name, Address, Telephone Number			
Accident	Details	Date:	Time:	Place:
	Speed	Before accident: kph		Moment of accident: kph
	(a) Weather Conditions (b) Visibility	(a)		(b)
	(a) Road Surface (b) Which vehicle lights were on	(a)		(b)
	(a) Street lighting (b) Was any warning given by you e.g. hooting, indicators, etc.?	(a)		(b)
	Police details	Police Station:		SAP Reference Number:
	Was driver tested for alcohol or drugs?			
	Description of Accident			

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Accident	<p>SKETCH OF ACCIDENT (if necessary use separate page)</p> <p>Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident</p>	
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Insurers share the information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard

Payment Method	<p>You may select for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number</p> <p>Name of Bank: <input style="width: 250px;" type="text"/> Branch Name: <input style="width: 250px;" type="text"/></p> <p>Name of Account Holder: <input style="width: 250px;" type="text"/> Branch Code: <input style="width: 50px;" type="text"/></p> <p>Type of Account: <input style="width: 250px;" type="text"/> Account Number: <input style="width: 550px;" type="text"/></p>
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Declaration	<p>I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my/our possession immediately prior or during said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by me/us. I understand that the accuracy and effectiveness of this Claim Form is dependant on the quality and accuracy of the information I provide.</p> <table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 40%; text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="width: 20%;"></td> <td style="width: 40%; text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Signature of Driver</td> <td></td> <td style="text-align: center;">Date</td> </tr> <tr> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> <td style="text-align: center;"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td style="text-align: center;">Signature of Insured</td> <td style="text-align: center;">Capacity</td> <td style="text-align: center;">Date</td> </tr> </table>	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	Signature of Driver		Date	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Signature of Insured	Capacity	Date
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>											
Signature of Driver		Date											
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>											
Signature of Insured	Capacity	Date											

NB. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.