

MOTOR ACCIDENT CLAIM FORM

Motor accident claim form

Policy No.		Claim No.			
Insured	Name and Occupation				
	Address and Day Tel. No				
	Identity Number/VAT Number				
Vehicle	Vehicle details	Make	Tare	Gross Veh. Mass	Kilometres completed
		Registration	Value	Model and Year	Date of purchase
	State name, address 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, address and telephone number				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity number				
	Drivers license				
	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?				
	Details of previous accidents				
Passengers (Insured Vehicle)		Name	Residential address	Injury	
	Passengers in insured vehicle				
For what purposes were they carried?					
Are they employees?					

PLEASE ATTACH AN ENLARGED CLEAR COPY OF DRIVER'S LICENCE

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	
	This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report from (MMF#) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, PRETORIA 0001.						
	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		
Witnesses	Name, Address Telephone Number						
	Name, Address Telephone Number						
Accident	Date, time and place						
	Speed	Before accident kph		Moment of impact kph			
	(a) Weather conditions (b) Visibility	(a)		(b)			
	(a) Road surface (b) Width of road	(a)		(b)			
	(a) Which vehicle lights were on? (b) Street lighting	(a)		(b)			
	Was any warning given by you, e.g. hooting, indicators, etc?						
	Police details	Name of Police/Traffic officer who recorded details of accident			Police station and reference number.		
	Was driver tested for alcohol or drugs?						
	DESCRIPTION OF ACCIDENT						



Contact Directory

Once you have completed your claim form, please send it to your Garrun Group broker directly. Alternatively, you can scan and e-mail the claim form to your broker.

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