



FAX MESSAGE

TO:	FROM:
COMPANY:	
FAX NO:	DATE:
NO. OF PAGES: 3 (INCLUDING THIS ONE)	

Type of Claim: Motor Accident

Attached hereto, please find a claim form for your completion, please return together with the following documentation in order for us to register the claim:

- **QUOTE FOR REPAIRS**
- **T/P DETAILS**
- **POLICE DETAILS**
- **COPY OF I.D & LICENCE**

We would like to bring to your attention that the Insurance Company must receive the above mentioned documentation within 30 days from the date of loss to ensure that your claim will be accommodated.

Please note that should you receive any letters of demand, summonses or final notices from the third party an/or Insurers it must be sent to your nearest CCIRC office immediately. If the accident was not as a result of your negligence, the insurer will attempt to recover your excess. The insurer is not contractually obliged to recover the excess in terms of the policy contract and the recovery of an excess can take considerable time.

Please do not, without consent from the insurer, admit liability, incur any expense or sign any release provided by the third party.

Yours faithfully

MOTOR ONGELUK EISVORM

Skrap afdelings nie van toepassing



MOTOR ACCIDENT CLAIM FORM

Delete sections not applicable

MVA VERSEKERAAR		Polis Nr. Policy No.			Teiken Nr. Token No.			MVA INSURER		
VERSEKERERDE	Naam en Beroep							Name and Occupation	INSURED	
	Adres en Telefoon Nr.							Address and Phone No.		
VOERTUIG	Indien voertuig onder Huurkoop, Kredit of Bruikhuurooreenkoms is meld naam en adres van Finansieringsmaatskappy	Soort/Make	Tara/Tare	Bruto Voertuig Massa/ Gross Vehicle Mass		Kilometers afgeleë/ Kilometres completed		If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company	VEHICLE	
		Registrasie/ Registration	Waarde/ Value	Model en Jaar/ Model and Year	Datum van aankoop en bedrag betaal/ Date of purchase and price paid					
SKADE	Skade aan u eie voertuig							Damage to own vehicle	DAMAGE	
	Prysopgawe vir die herstelwerk of heg kwotasie aan							Estimate for repairs or attach quotation		
	Hersteller se naam, adres en telefoonnommer							Repairer's name, address and telephone number		
	Waar kan u beskadigde voertuig ondersoek word?							Where can your damaged vehicle be inspected?		
BESTUURDER	Volle Naam							Full Name	DRIVER	
	Adres							Address		
	Beroep en Geboortedatum							Occupation and Date of Birth		
	Telefoon Nr.							Telephone No.		
	Rybewys	Nommer/Number	Datum/Date	Plek/Place	Kode/Code	Vol/Full	Leerling/Learner	Driving License		
	Meld volledig die doel waarvoor die voertuig gebruik is			State fully the purpose for which the vehicle was being used						
	Het hy/sy met u toestemming bestuur?			Was he/she driving with your permission?						
	Was hy/sy in u diens?			Was he/she in your employ?						
	Het hy/sy versekering op sy eie voertuig? Indien ja, meld Polisnommer en Maatskappy			Has he/she any motor insurance on own car? If yes, state Policy Number and Company						
	Is rybewys ooit geëndosseer?			Has license ever been endorsed?						
Ly hy/sy aan enige liggaamlike gebreke?			Has he/she any physical defects?							
(a) Besonderhede van enige veroordeling weens motor oortredings			(a) Details of any convictions for motoring offences							
(b) Besonderhede van vorige ongelukke en verliese			(b) Details of previous accidents and losses							
PASSASIERE (VERSEKERDE VOERTUIG)	Passasiers in versekerde voertuig	Naam/Name	Adres/Address		Besering/Injury		Passengers in insured vehicle		(INSURED VEHICLE) PASSENGERS	
	Vir watter doel is hulle vervoer?							For what purposes were they carried?		
	Is hulle werknemers?							Are they employees?		
ANDER PARTY	Skade aan ander voertuie	Registrasie Nr. Registration No.	Soort Make	Naam en adres van Eienaar en Bestuurder Name and address of Owner and Driver		Besonderhede van skade Details of damage		Damage to other vehicles		
	Skade aan eiendom uitgesonderd voertuie	Naam en Adres van Eienaar Name and Address of Owner			Besonderhede van Skade Details of Damage			Damage to property other than vehicles		
	Persoonlike beserings (uitgesonderd die in versekerde voertuig)	Naam van Beseerder Name of Injured	Verband met die ongeluk bv. Bestuurder, Passasier ens. Relationship to accident eg. Driver, Passenger etc.		Besonderhede van Beserings Details of Injuries		Naam van Hospitaal indien van toepassing Name of Hospital if applicable		Personal injuries (other than in insured vehicle)	
GETUIES	Naam, Adres en Tel Nr.							Name, Address and Tel No.		WITNESSES
	Naam, Adres en Tel Nr.							Name, Address and Tel No.		

ONGELUK	Datum, Tyd, Plek			Date, Time, Place	ACCIDENT		
	Spood	Voor ongeluk Before accident	kpu kph	Oomblik van botsing Moment of impact		kpu kph	Speed
	(a) Weersomstandighede (b) Sigbaarheid	a)		b)		(a) Weather conditions (b) Visibility	
	(a) Padoppervlakte (b) Breedte van pad	a)		b)		(a) Road surface (b) Width of road	
	(a) Watter voertuigligte van aan? (b) Straatbeligting	a)		b)		(a) Which vehicle lights were on? (b) Street lighting	
	Is enige waarskuwing deur u gegee? b.v. toet, flikkering ens.					Was any warning given by you? e.g. hooting, indication etc.	
	Polisie Besonderhede	Naam van Polisie/Verkeersamptenaar wat besonder hede van ongeluk geneem het Name of Police/Traffic Officer who recorded details of accident		Polisiestasie en verwysing nommer Police Station and reference number		Police Details	
	Was bestuurder getoets vir Alkohol of Dwelmmiddels?					Was driver tested for Alcohol or Drugs?	
Beskrywing van ongeluk					Description of Accident		
ONGELUK	Skets van Ongeluk (Indien nodig heg aparte sketsplan aan)	Dui asseblief die plek van botsing duidelik aan en gebruik pyltjies om die rigting waarin geries is, aan te toon. Gee besonderhede van enige padveiligheidstekens in die omgewing van die ongelukstoneel.	Please show clearly the point of impact and indicate the direction of ravel by arrows. Give details of any road safety signs or warning signs in vicinity of scene of accident.		Sketch of Accident (If necessary use separate page)	ACCIDENT	

Ons verklaar hiermee dat die voorafgaande in elke opsig waar is.

We hereby declare the foregoing particulars to be true in every respect.

Bestuurder se Handtekening Signature of Driver		Datum Date
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Versekerde se Handtekening Signature of Insured		Hoedanigheid Capacity	Datum Date
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L.W. DIT IS BELANGRIK DAT U DIE MAATSKAPPY ONMIDDELIK IN KENNIS STEL SODRA U BEWUS WORD VAN ENIGE VERVOLGING, NADOODSE ONDER SOEK OF EIS.

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE COMPANY IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR CLAIM.