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MOTOR CLAIM FORM (Without Prejudice)

	Policy Number	Claim Number		
Insured	Name and Occupation			
	Address and Day Tel. No.			
	Identity Number / VAT Number			
Vehicle	Vehicle Details	Make		Tare
		Registration		Value
		Gross Vehicle Mass		Model & Year
		Kilometres Completed		Date of Purchase
	State name, address and account number of Finance Company			
Chassis / VIN Number				
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			
	Driver's 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 number 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)	Passengers in Insured Vehicle	Name	Residential Address	Injury
	For what purposes were they carried?			

Please attach an enlarged clear copy of driver's licence.

	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
	This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (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 Number	Make	Name, Address & Contact No. of owner and driver	Details of Damage	
Property other than vehicles	Name, Address & Contact No. of Owner		Details of Damage		
Witnesses	Name, Address, Telephone Number				
	Name, Address, Telephone Number				
Accident	Date, Time and Place				
	Speed	Before Accident		Moment of Impact	
	(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			
		Did the Police visit the scene?			
		Date Reported			
		Police Station and reference number			
Was driver tested for alcohol or drugs?					

Accident	DESCRIPTION OF ACCIDENT	

Accident	SKETCH OF THE ACCIDENT (If necessary use separate page)	
	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.	

Insurers share 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.

Declaration	I have inspected the driver's license and it is free of endorsements / endorsed as shown.		
	Signature		Date
	We hereby declare that the information supplied is both true and correct in every respect.		
	Signature of Driver		Date
	Signature of Insured		Capacity
	Date		

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