



# Holburn Insurance Brokers

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Established 1983



## MOTOR ACCIDENT CLAIM FORM

<b>INSURER</b>	Name:					
	Policy No.			Claim No.		
<b>INSURED</b>	Name & Occupation					
	Address & Day Telephone Number					
	ID No. / VAT No.					
<b>VEHICLE</b>	If vehicle is subject to Hire purchase, Credit or Leasing Agreement, state name, address and account number of Finance Company	Make	Tare	Gross Vehicle Mass	Km completed	
		Registration	Value	Model & Year	Purchase Date	
	In whose name is the vehicle registered?					
	Damage to own vehicle					
<b>DAMAGE</b>	Estimate for repairs or attach quotation					
	Repairer's name, address and telephone number					
	Where can your damaged vehicle be inspected?					
	Full Name					
<b>DRIVER</b>	Residential Address					
	Occupation					
	Date of Birth and ID No.					
	Driving License	No.	Date	Place	Code	Full/Leamer
	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 license ever been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					
	<b>PASSENGERS</b>	Name		Residential Address		Injury
		PASSENGERS IN INSURED VEHICLE				
For what purpose were they carried?						
Are they employees?						

**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY**

<b>OTHER PARTY</b>	<i>Personal Injuries (other than in insured Vehicles)</i>	<i>Name of Injured</i>	<i>Relationship to accident e.g. Passenger/Driver</i>	<i>Details of Injuries</i>	<i>Name of Hospital, if applicable</i>	
This Accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF3) within 14 days if there is any likelihood of injuries, otherwise the fund may be able to claim from you. The fund's address is PO Box 2743, Pretoria 0001						
	<i>Other Vehicles</i>	<i>Registration No.</i>	<i>Make</i>	<i>Name &amp; Address of owner and driver</i>	<i>Details of Damage</i>	
	<i>Property other than vehicles</i>	<i>Name &amp; Address of Owner</i>	<i>Details of Damage</i>			
<b>Witnesses</b>	<i>Name, Address and Telephone No.</i>					
	<i>Name, Address and Telephone No.</i>					
<b>ACCIDENT</b>	<i>Date, Time &amp; Place</i>					
	<i>Speed</i>	<i>Before Accident: kph</i>	<i>Moment of impact kph</i>			
	<i>a) Weather Conditions</i> <i>b) Visibility</i>	<i>a)</i>		<i>b)</i>		
	<i>a) Road Surface</i> <i>b) Width of road</i>	<i>a)</i>		<i>b)</i>		
	<i>a) Which Vehicle lights were on?</i> <i>b) Street lighting</i>	<i>a)</i>		<i>b)</i>		
	<i>Was any warning given by you e.g. hooting, indicators, etc? (tick or click in applicable box)</i>		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
	<i>Police Details</i>	<i>Name of Police/Traffic Officer who recorded details of accident.</i>		<i>Police Station &amp; Reference No.</i>		
	<i>Was the driver tested for alcohol or drugs?</i>					
	<i>Description of accident</i>					
	<i>Sketch of Accident (if necessary use separate page)</i>					
<b>Declaration</b>	<p><i>We hereby declare the foregoing particulars to be true in every respect:-</i></p> <p><i>Signature of Insured ..... Capacity ..... Date .....</i></p> <p><i>Signature of Driver ..... Date .....</i></p>					

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