

MOTOR VEHICLE LOSS OR DAMAGE CLAIM FORM

Insured	Name			
	Policy number			
	e-mail address			
	Contact person			
	Contact number			
	VAT number			
Incident	Incident type (mark applicable with x)	HIJACK / THEFT	ACCIDENT – NO THIRD PARTY	ACCIDENT –THIRD PARTY
	Date and time of incident	Date:	Time:	
	Date and time that incident was discovered	Date:	Time:	
	Date and time that incident was reported	Date:	Time:	
	Place of loss			
	Brief details of damage to own vehicle			
	State the purpose for which the vehicle was used			
	Speed at impact (where applicable)			
	Weather / Visibility			
	Was the driver tested for alcohol / drug abuse? (where applicable)	YES	NO	
	If the driver was tested for alcohol / drug abuse is the report attached?	YES	NO	
	Is this incident covered under any other policy of insurance?	YES	NO	

*** DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY**

_____ Initial

Police	Place where reported	
	Date of reporting	
	If reported - provide case number	

Full details of vehicle	Make	
	Model	
	Year	
	Registration number	
	VIN	
	Chassis number	
	Kilometers completed	
	Details of outstanding finance	
	Security fitments (immobilizer / tracking devices)	

Full details of driver	Full Name		
	ID / passport number		
	Occupation		
	Was the driver using the vehicle with the insured's permission?	YES	NO
	Does the driver have any disabilities including eyesight deficiency?	YES	NO
	Description of disability		

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Witnesses	Name	1.	2.
	Address		
	Contact Number		

Declaration	I / we declare that to the best of my / our knowledge the above statements are true/		
	Insured's Signature	Capacity	Date

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Annexure A

Description of events resulting in loss or damage

Description of events resulting in loss or damage	

Sketch of events resulting in loss or damage	
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Annexure B

INJURIES – INSURED VEHICLE OCCUPANTS

Contact details of injured person	Name		
	Contact person		
	Contact number		
	e-mail address		
Details of injuries	Description		
	MMF Accident form attached?	YES	NO
	MMF Accident form submitted within 14 days of accident?	YES	NO
	Are the injured occupants of the insured vehicle employees of the insured?	YES	NO
If the injured occupants of the insured vehicle employees of the insured, what was the purpose of the conveyancing?			
Description of personal injuries to occupants of insured vehicle	Name		
	Contact person		
	Contact number		
	e-mail address		
	Full description of injuries		

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_____ Initial



Annexure C

THIRD PARTY DETAILS

Contact details of third party	Name	
	Contact person	
	Contact number	
	Insurer details	
	Policy number	
	e-mail address	

Description of vehicle	Model	
	Year	
	Registration number	
	VIN	
	Chassis number	
	Details of damage to third party vehicle	

Description of personal injuries to occupants of third party vehicle	Name	
	Contact person	
	Contact number	
	e-mail address	
	Full description of injuries	

DO NOT REPLY TO ANY CORRESPONDENCE FROM ANY THIRD PARTY

_____ Initial