

MOTOR ACCIDENT / THEFT CLAIM FORM

(Delete sections not applicable)

Accidents where persons may be injured must be reported by the vehicle owner/driver on the prescribed form within 14 days of the date of accident to the Road Accident Fund (RAF) P O Box 2743 Pretoria 0001. Failure to do this may result in your being held personally liable for damages.

INSURER		POLICY NUMBER		
INSURED	Name and Occupation			
	Address and Telephone Number			
VEHICLE	Registered Owner	Make	Tare	Gross Vehicle Mass
	Registration	Value	Model	Year
				Date of Purchase Price Paid
If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state Name & Address of Finance Company				
OWN DAMAGE	Damage to Own Vehicle			
	Estimate for repairs or attach a quotation			
	Repairers Name, Address and Telephone Number			
	Where can the damaged car be inspected			
DETAILS OF DRIVER	Full Name of Driver			
	Address and Telephone Number			
	Occupation			Date of Birth
	Driving Licence	No.	Date	Place Code Full / Learners
	State fully the purpose for which the vehicle was being used			
	Was he/she driving with your permission			
	Was he/she in your employ			
	Has he/she any motor insurance or 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	Address		Injury
	PASSENGERS IN INSURED VEHICLE			
	For what purpose were they being carried	N/A		
Are they employees				
OTHER PARTY	Make and Model	Registration Number	Details of Damage	Name and Address of Owner and Driver
	DETAILS OF OTHER VEHICLES	N/A		
	DAMAGE TO PROPERTY OTHER THAN VEHICLES	Name and Address of Owner		Details of Damage
PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)	Name of Injured Person	Relationship to accident e.g. Driver, Passenger etc		Details of Injuries / Name of Hospital if applicable

WITNESS	Name, Address and Telephone No.				
DETAILS OF THEFT	Date, Time and Place of Theft	Date	Time	Place	
	Circumstances of Theft				
	Was the vehicle left locked				
	Who is in possession of the keys				
	Police Station & Reference No.				
	Vehicle Engine & Chassis No.				
	If Accessories Stolen, please provide full details				
	Anti-theft Device	Make, Fitted by & Date			
	Vehicle Colour	Exterior		Interior	
	Vehicle Identification Marks				
	Scratches / Dents / Defects				
DETAILS OF ACCIDENT	Date, Time and Place of Accident	Date	Time	Place	
	Speed	Before accident	kph	Moment of impact kph	
	a) Weather Conditions			b) Visibility	
	a) Road Surface			b) Width of Road	
	a) Which Vehicle Lights were on			b) Street Lighting	
	Was any warning given by you e.g. hooting, indicator etc				
	Police Details	Name of Police/Traffic Officer who recorded details of accident		Police Station and Reference No.	
	Was Own Driver tested for alcohol	Yes/No		Result of Test	
	DESCRIPTION OF ACCIDENT	DESCRIPTION OF ACCIDENT (if necessary use separate page)			
SKETCH OF ACCIDENT	Please clearly show the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in vicinity of the scene of the accident.				
	SKETCH OF ACCIDENT (if necessary use separate page)				
LICENCE	I have inspected the driver's licence and it is free of endorsements as shown.				
	Signature		Capacity		
DECLARATION	We hereby declare the foregoing particulars to be true in every respect.				
	Signature of Insured		Signature of Driver		
	Capacity		Date		
	Date				
N.B. IT IS IMPORTANT THAT YOU NOTIFY INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.					