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### MOTOR ACCIDENT CLAIM FORM

(DELETE SECTIONS NOT APPLICABLE. DO NOT JUST LEAVE BLANK)

INSURER	POLICY NUMBER		VAT REG NUMBER			
INSURED	Name & Occupation					
	Identity Number					
	Address & Phone No.					
	Reg No.	Make	Tare	Gross Veh. Mass	Kilo's	Date Purchased & Price Paid
	Value	Year & Model				
	If vehicle subject to HP/Lease - state name & no. of finance company					
	In whose name is the vehicle registered?					
DAMAGE	Damage to own vehicle					
	Estimate for repairs or attach quotation					
	Repairers name & no.					
	Where can vehicle be inspected?					
DRIVER	Full Name					
	Address					
	Occupation					
	Identity Number					
	Drivers Licence	No.	Date	Place	Code	Full/Learners
	For what purpose was the vehicle being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Is he/she the owner of another vehicle? If yes give Insured name & policy number.					
	Details of any convictions for motor offences					
	Has licence ever been endorsed?					
	Has he/she any physical defects?					
Details of previous accidents						
PASSENGERS	Passengers in insured vehicle	Name	Address	Injury		
	For what purpose were they carried?					
Are they employees?						
OTHER PARTY	Other Vehicles	Reg. No.	Make	Name & Address of Owner	Damages	
THIS ACCIDENT MUST BE REPORTED BY YOU USING A SPECIAL ACCIDENT REPORT FORM (MMF) WITHIN 14 DAYS IF THERE IS ANY LIKELIHOOD OF INJURIES OTHERWISE THEY MAY BE ABLE TO CLAIM FROM YOU, PLEASE CONTACT US FOR FURTHER DETAILS						

<b>OTHER PARTY</b>	Property other than vehicles	Name & Address of owner			Details of Damages
	Personal injuries (other than in insured vehicle)	Name of injured	Relationship to accident e.g. Driver,	Details of Injuries	Name of Hospital if applicable
<b>WITNESSES</b>	Name, Address & Phone No.				
	Name, Address & Phone No.				
<b>ACCIDENT</b>	Date	Time	Place		
	Speed	Before Accident		Moment of Impact	
	Weather Conditions		Visibility		
	Road Surface		Width of Road		
	Which vehicle lights were on?		Street Lighting		
	Was any warning given by you, e.g. Hooting, Indicator etc				
	Police Details	Name of Police/Traffic Officer who recorded accident details		Police Station & Reference No.	
	Was driver tested for Alcohol or Drugs?				
	Description of Accident				
	Sketch of Accident		Please show clearly the point of impact and indicate the direction of travel by arrows.		
(If necessary use separate page)		Give details of any road safety signs or warning signs in vicinity of scene of accident			
<b>LICENCE INSPECTED</b>	I have inspected the drivers license and it is free of endorsements/endorsed as shown			Signature	_____
	Please attach copies of driver's licence and page 1 of drivers identity document			Capacity	_____
<b>DECLARATION</b>	We hereby declare the foregoing particulars to be true in every respect				
	Signature of Driver	_____		Signature of insured	_____
	Capacity	_____		Date	_____
<b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</b>					
<b>NOTE! THE INFORMATION YOU HAVE SUPPLIED WITH YOUR POLICY APPLICATION TOGETHER WITH THE INFORMATION ON THIS CLAIM FORM, WILL BE MADE AVAILABLE TO OTHER INSURERS THROUGH THE INFORMATION DATA SHARING SYSTEM ON BEHALF OF THE SOUTH AFRICAN INSURANCE ASSOCIATION.</b>					