

MOTOR VERLIES / SKADE EISVORM

MOTOR LOSS / DAMAGE CLAIM FORM

Insurer		Versekeraar	
Policy number		Polisnommer	
Claim number		Eisnommer	
Date of claim		Datum van eis	
Insured	Name	Naam	Versekerde
	Occupation	Beroep	
	Postal address	Posadres	
	Physical address	Fisiese adres	
	Day tel. No	Dag tel. Nr.	
	Cell phone number	Selffoonnommer	
	E-mail address	E-pos adres	
	Identity number	Identiteitsnommer	
	Vat number	Btw nommer	
Vehicle information	Make	Fabrikaat	Voertuig inligting
	Model	Model	
	Year	Jaar	
	Registration number	Registrasienuommer	
	Kilometres completed	Kilometers afgelê	
	Identification number	Identifikasie nommer	
	Chassis number	Onderstelnummer	
	Engine number	Enjinnummer	
	Colour (exterior)	Kleur (buite)	
	Colour (interior)	Kleur (binne)	
	In whose name is the vehicle registered?	In wie se naam is die voertuig geregistreer?	
Finance company	Name	Naam	Finansierings
	Branch	Tak	
	Account number	Rekeningnummer	
	Tel. No	Tel. Nr.	
	Type of agreement	Tipe ooreenkoms	
	Outstanding amount	Uistaande bedrag	

Loss / damage information "Driver"	Full name		Volle naam	Verlies / skade informasie "Bestuurder"	
	Occupation		Beroep		
	Physical address		Fisiese adres		
	Day tel. No.		Dag tel. Nr.		
	Cell phone number		Selfoonnommer		
	Identity number		Identiteitsnommer		
	License details	Number			Nommer
		Code			Kode
		Date obtained			Datum bekom
		Place obtained			Plek bekom
		Full / learner			Volle / leerling
	Please attach a copy of the license / heg asb 'n afskrif van die lisensie aan				
	State the purpose for using the vehicle		Verklaar die rede vir die gebruik van die voertuig		
	Did the owner give permission for you to use the vehicle?		Het die eienaar toestemming verleen dat u die voertuig mag gebruik?		
	Are you an employee of the owner?		Is u 'n werknemer van die eienaar?		
Do you have insurance on your own vehicle? If yes – provide policy number and insurer		Het u versekering op u eie voertuig? Indien ja – verskaf die polisnommer en versekeraar			
Provide details of any convictions for motoring offences		Verskaf inligting van enige skuldigbevindinge tov voertuig oortredings			
Has the license ever been endorsed?		Is die lisensie ooit geëndosseer?			
Has the driver any physical defects?		Het die drywer enige fisiese gebreke?			
Provide detail of previous accidents		Verskaf inligting van vorige ongelukke			
Loss / damage information "Passengers"	Full name		Volle naam		
	Occupation		Beroep		
	Physical address		Fisiese adres		
	Day tel. No.		Dag tel. Nr.		
	Cell phone number		Selfoonnommer		
	Identity number		Identiteitsnommer		
	Injury		Besering		
	State the purpose for using the vehicle		Verklaar die rede vir die gebruik van die voertuig		
	Are you employed?		Is u in iemand se diens?		

Loss / damage information "Other parties"	Full name		Volle naam	Verlies / skade informasie "Ander partye"
	Occupation		Beroep	
	Physical address		Fisiese adres	
	Day tel. No.		Dag tel. Nr.	
	Cell phone number		Selfoonnommer	
	Identity number		Identiteitsnommer	
	Relationship to accident e.G. Driver / passenger		Verwantskap tov ongeluk bv. Bestuurder / passasier	
	Injury		Besering	
	Name of hospital, if applicable		Naam van hospitaal, indien van toepassing	
	<p>Hierdie ongeluk moet binne 14 dae gerapporteer word by die multilaterale voertuigfonds, deur die spesiale verslagvorm (mmf 3) in te vul, indien daar enige moontlikheid is van beserings. Anders kan die fonds van u verhaal. Die adres is posbus 2743, pretoria 0001.</p> <p>This accident must be reported to the multilateral vehicle fund using the special accident report form (mmf 3) within 14 days if there is any likelihood of injuries, otherwise the fund may be able to recover from you. The address is p.O. Box 2743, pretoria 0001.</p>			
Vehicle details:	Make	Fabrikaat	Voertuig besonderhede:	
	Model	Model		
	Year	Jaar		
	Registration number	Registrasienuommer		
	Colour (exterior)	Kleur (buite)		
	Detail of damage	Besonderhede van skade		
Loss / damage information "Witnesses"	Full name		Volle naam	Verlies / skade informasie "getuies"
	Occupation		Beroep	
	Physical address		Fisiese adres	
	Day tel. No.		Dag tel. Nr.	
	Cell phone number		Selfoonnommer	
	Identity number		Identiteitsnommer	
	Provide a short description of the accident		Verskaf 'n kort beskrywing van die ongeluk	
Accident information	Date of accident	Datum van ongeluk	Ongeluk informasie	
	Time of accident	Tyd van ongeluk		
	Place of accident	Plek van ongeluk		

Accident information	Speed of accident	Before accident (kph)		Voor ongeluk (kpu)	Spoed van ongeluk	
		Moment of impact (kph)		Tydens impak (kpu)		
	Weather conditions	Condition		Kondisie	Weersomstandighede	
		Visibility		Sigbaarheid		
	Road surface	Road state		Pad oppervlakte	Pad toestand	
		Width		Breedte		
Lighting	Vehicle		Voertuig	Beligting (aan / af)		
	Street lights		Straatligte			
Accident information	Was any warning given by you e.G. Hoofing, flashing indicators, etc?			Is enige waarskuwing deur u verskaf bv. Toeter gedruk, ligte geflikker, ens?		
	Description of accident beskrywing van ongeluk					
	Sketch of accident (if necessary use a separate page) skets van ongeluk (indien nodige gebruik 'n afsonderlike bladsy)					

Police information	Name of police officer / traffic officer who recorded the accident		Naam van polisie / verkeersbeampte wat die ongeluk aangeteken het	Polisie informasie
	Police station		Polisie stasie	
	Date of notification		Datum van aanmelding	
	Reference number		Verwysingsnommer	
	Case number		Saaknommer	
	Was the driver tested for alcohol or drugs?		Was die bestuurder getoets vir alkohol of dwelms?	
	If the answer to the above was yes, please provide detail		Indien antwoord op bogenoemd ja was, verskaf asb besonderhede	
Bank details	For security purposes you may select that payment due to you be paid directly into your bank account. Please provide the following bank details. Vir sekuriteitsdoeleindes kan u kies dat enige betalings direk in u bankrekening gemaak word. Verskaf asb die onderstaande bankbesonderhede.			Bankbesonderhede
	Account holder		Begunstigde	
	Name of bank		Naam van bank	
	Branch		Tak	
	Branch code		Takkode	
	Account number		Rekeningnommer	
	Type of account		Tipe rekening	

Declaration: We hereby declare the foregoing particulars to be true in every respect.

Verklaring: Hiermee verklaar alle partye dat alle inligting in hierdie dokument weergegee waar en korrek is.

Signature / Handtekening _____	Date / Datum _____	Signature of Insured / Handtekening van Versekerde _____	Date / Datum _____
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IMPORTANT: Notify the Broker immediately if you become aware of any impending prosecutions, inquests or demands

BELANGRIK: Stel die Makelaar onmiddelik in kennis indien u bewus word van enige dreigende vervolgings, geregtelike ondersoeke of aanmanings.



INSURANCE BROKERS

AFGRI Insurance Brokers (Pty) Ltd
is an Authorised Financial Services Provider,
FSP No. 1435. Member of FIA.
V.A.T. No. 491012770



Directors: RJ Simmonds, O van der Fort, TJ Potgieter
Company Secretary: L Fourie **Company Reg No:** 2004/005030/07

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