MOTOR ACCIDENT CLAIM FORM

Address: P O Box 53038 | Kenilworth | 7745
Telephone: +27 (0)21 701 0840
Facsimile: +27 (0)21 701 8078
Website: www.lsginsurance.co.za

Authorised Financial Service Provider - Licence No. 10598

Insurer:
Insured:
Policy No:

Insured

Name:
Address:
POSTAL CODE
Day Tel No.:
ID No:
VAT No:

Vehicle

Make:
Model:
Kilometers Completed:
Registration No:
Value:
Year:
Date of Purchase:
In whose name is the car registered?

Damage

Damage to Own Vehicle:
Damage Estimate:
Repairer's Name:
Repairer's Tel:
Where can your damaged vehicle be inspected?

Driver

Full Name:
Residential Address:
POSTAL CODE
Occupation:
ID No:
Driving Licence: DATE ISSUED CODE
State fully the purpose for which the vehicle was in use:
Was he/she driving with your permission? YES NO
Was he/she in your employ? YES NO
Details of any convictions for motoring offences:
Has licence ever been endorsed? YES NO
Details of any previous accidents:

Passengers

PASSENGERS IN INSURED VEHICLE

NAME	RESIDENTIAL ADDRESS	INJURY

For what purpose were they carried?

Are they employees? YES NO

Other Party

PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLE)

INJURIES	NAME OF INJURED	DRIVER OR PASSENGER	HOSPITAL (IF APPLICABLE)

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 recover from you. Their address is P O Box 2743, Pretoria, 0001.

OTHER VEHICLES

REGISTRATION No.	MAKE	NAME AND ADDRESS OF OWNER/DRIVER	DAMAGE

PROPERTY OTHER THAN VEHICLES

NAME AND ADDRESS OF OWNER	DETAILS OF DAMAGE

Witness

NAME	ADDRESS	TEL No.

Accident

POLICE DETAILS

Name of Officer:

Police Station: Ref No:

Date: Time: Place:

Speed before accident: KM/H Speed at moment of impact: KM/H

Weather Conditions: Visibility:

Road Surface: Width of Road:

Vehicle Lights in Use: Street Lights:

Was any warning given by you, eg. Hooting, indicators, etc. YES NO

Was the driver tested for alcohol or drugs? YES NO

Licence Inspected

I have inspected the Driver's Licence and it is free of endorsements/endorsed as shown.

SIGNATURE	CAPACITY

Description of Accident

Please Note: It is important that you supply as accurate and as much detail as possible, as this will help with recoveries, including your Excess and defending Third Party Actions could impact on your Claims History.

Sketch of Accident

(if necessary, use separate page)

Please show clearly the point of impact and indicate the direction of travel by arrows.

Give details of any road safety sights or warning signs in the vicinity of scene of accident.

Declaration

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

SIGNATURE OF DRIVER	DATE

SIGNATURE OF INSURED	DATE