



Commercial Underwriting Managers (Pty) Ltd



AC and E Commercial Underwriting Managers (Pty) Ltd - Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate

Head Office:

7th Floor Office Tower, Bedford Centre, Smith Street, Bedford Gardens; 2047

P.O Box 752189, Gardenview, 2047

Tel: 011 615 7529 / Fax: 011 615 9360

MOTOR CLAIM FORM (Without Prejudice)

	Policy Number		Claim Number		
Insured	Name and Occupation				
	Address and Day Tel. No.				
	Identity Number / VAT Number				
Vehicle	Vehicle Details	Make		Tare	
		Registration		Value	
		Gross Vehicle Mass		Model & Year	
		Kilometres Completed		Date of Purchase	
	State name, address and account number of Finance Company				
	Chassis / VIN Number				
	In whose name is the vehicle registered?				
Damage	Damage to own vehicle				
	Estimate for repairs or attach quotation				
	Repairer's name, address and telephone number				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Driver's License				
	State fully the purpose for which vehicle was being used				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Has he/she any motor insurance on own car? If yes, state Policy number 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 (if Vehicle)		Name	Residential Address	Injury	
	Passengers in Insured Vehicle				

Please attach an enlarged clear copy of driver's licence.

	For what purposes were they carried?				
	Are they employees?				
Other Party	Personal Injuries (other than in insured vehicles)	Name of Injured	Relationship to Accident e.g. Driver, Passenger, etc.	Details of Injuries	Name of Hospital if applicable
	This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF#) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, Pretoria, 0001.				
Other Vehicles	Registration Number	Make	Name, Address & Contact No. of owner and driver	Details of Damage	
Property other than vehicles	Name, Address & Contact No. of Owner		Details of Damage		
Witnesses	Name, Address, Telephone Number				
	Name, Address, Telephone Number				
Accident	Date, Time and Place				
	Speed	Before Accident		Moment of Impact	
	(a) Weather Conditions (b) Visibility	(a)		(b)	
	(a) Road Surface (b) Width of Road	(a)		(b)	
	(a) Which vehicle lights were on? (b) Street Lighting	(a)		(b)	
	Was any warning given by you, E.g. hooting, indicators, etc.?				
	Police Details	Name of Police / Traffic Officer who recorded details of accident			
		Did the Police visit the scene?			
Date Reported					
Police Station and reference number					

	Was driver tested for alcohol or drugs?	
Accident	DESCRIPTION OF ACCIDENT	
	SKETCH OF THE ACCIDENT (If necessary use separate page)	
	<p>Please show clearly the point of impact and indicate the direction of travel by arrows. Give details of any road safety signs or warning signs in the vicinity of scene of accident.</p>	
<p>Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.</p>		
Declaration	I have inspected the driver's licence and it is free of endorsements / endorsed as shown.	
	Signature	Date
	We hereby declare that the information supplied is both true and correct in every respect.	
	Signature of Driver	Date
	Signature of Insured	Capacity
	Date	
<p>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</p>		