

Plant Claim Form -Accident / Loss

A. Insurer

Name of insurer Renasa Insurance Company Limited

B. Insured

Contact number		Fax	
Email		Policy number	
Claim number		Insured name	
Insured occupation		Identity number	
Address			

C. Broker

Name of broker

D. Plant / Machine

Make and model		Tare	
Gross vehicle mass		Kilometres completed	
Registration number		Value	
Engine number		Year	
VIN number		Purchase price	
Date of purchase			

E. Owner

Name (if not the insured) Identity number

F. Damage

Damage to own vehicle?	
Estimate for repairs or attach quote?	
Repairer's name, address and contact number	
Where can the damaged vehicle be inspected	

G. Finance Company

*If vehicle is subject to Hire Purchase, Credit or Leasing Agreement, state name and contact number for Finance Company

Name of finance company		Branch	
Account number		Contact number	

H. Driver

*A copy of Identification and Licence is required with claim

Name			Occupation		
Identity number			Contact number		
Driving licence	No	Date	Place	Code	Full/Learners
Residential address					
State fully the purpose for which the vehicle was being used?					
Was he/she driving with your permission?					
Is he/she an employee?					
Has he/she any motor insurance on 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?	

I. Passengers In Insured Plant / Machine			
Name		Injury	
Residential address			
For what purpose were they carried?			
Are they employees?			

J. Other Party			
Name of Insured		Name of hospital	*If applicable*
Relationship to accident e.g., driver, passenger			
Injury			
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. The Fund's address is PO Box 2743, PRETORIA 0001.			

K. Other Vehicle			
Registration number		Make	
Details of damage			
Name and address of owner			

L. Property other than vehicles	
Name and address of owner	
Details of damage	

M. Witnesses			
Witness 1: Name		Contact number	
Address			
Witness 2: Name		Contact number	
Address			

N. Accident / Loss Details					
Date		Time		Place	
	Before Accident			Moment of impact	
Speed		kph			kph
Weather conditions					
Visibility					
Road surface					
Width of road					
Were vehicle lights were on?					
Street lighting					
Warning given by you - hooting, indicators etc.					

O. Police Details	
Police/traffic officer name who recorded details of accident	
Police station and reference number	
Was the driver tested for alcohol or drugs?	

P. Description of Accident

Q. Sketch of Accident

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 the scene of the accident.

R. Declaration

I/ We solemnly declare that I / We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.

“I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases.”

Signature of insured		Capacity	
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Signed at _____ on this _____ day of _____ 20_____

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

DISCLOSURE

We hereby declare that the statements made by us in this Document are, to the best of our knowledge and belief, complete and true, and we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence

POPI STATEMENT

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers, or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.