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Unit 25 Oaklane Office Park, Grippen Road, Bartlett, Boksburg, 1459

REGISTRATION NO: 1996/057308/23

An Authorised Financial Service Provider.

FSP NO: 14574

## MOTOR ACCIDENT/LOSS CLAIM FORM

*Ignore sections not applicable*

Policy Number	
Insured	
Address and (day) telephone no.	
Identity Number/VAT Number	
Vehicle Year, Make, Model and Registration No.	
In whose name is the vehicle registered?	
Damage to own vehicle	
Where can your damaged vehicle be inspected?	
<b>Driver:</b> Full Name	
Residential Address	
Occupation	
ID number	
Driving License	No.:                      Date:                      Code: Full/Learners
State fully the purpose for which the vehicle was being used	
Was he/she driving with your permission?	
Was he/she in your employ?	
Details of any convictions for motoring offences	
Has the license ever been endorsed?	
Has he/she had any physical defects?	

<b>Passengers in insured vehicle</b>	Name		Residential Address	Injury	
For what purpose were they carried?					
Are they employees?					
<b>Other Party:</b> Personal Injuries (other than insured vehicle)	Name Of Insured		Relationship to accident e.g. Driver, passenger	Name of Hospital if applicable	Injury
<b>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.</b> <b>The Fund's address is P O Box 2743, PRETORIA 0001.</b>					
<b>Other Vehicle</b>	Reg. No.	Make	Damage	Name and address of owner and driver	
<b>Property other than vehicles</b>	Name & address of owner			Details of damage	
<b>Declaration</b>	<b><i>We hereby declare that foregoing particulars to be true in every respect</i></b>				
<b>Signature of Driver:</b>					
<b>Date:</b>					
<b>Signature of Insured:</b>					
<b>Date:</b>					

<b>Witnesses:</b>		
Name, Address, and Tel. no.		
Name, Address, and Tel. no.		
<b>Date, time, and place</b>		
Speed	Before accident:                      kph	Moment of impact:                      kph
a) Weather Conditions b) Visibility	a)	b)
a) Road Surface b) Width of road	a)	b)
a) Which vehicle lights were on? b) Street lightning	a)	b)
Was any warning given by you e.g. hooting, indicators etc?		
<b>Police Details</b>	Name of Police/Traffic officer who recorded details of the accident	Police Station and reference number
Was driver tested for alcohol or drugs?		
<b>Description of accident</b>		

Sketch of accident (If necessary use a separate page) 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	
<b>I have inspected the driver's licence and it is free of endorsement/endorsed as shown</b>	
Signature	
Capacity	
<b>We hereby declare the foregoing particulars to be true in every respect</b>	
<b>Signature of Driver:</b>	
<b>Date:</b>	
<b>Signature of Insured:</b>	
<b>Date:</b>	
<b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY AFTER YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST, OR DEMAND.</b>	