MOTOR ACCIDENT CLAIM FORM | MOTOR ONGELUK – EIS VORM

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|  | POLICY NO. | POLIS NR. |  |
| CLAIM NO. | EIS NR. |
| BROKER / AGENT |  | MAKELAAR / AGENT |
| INSURED | NAME AND OCCUPATION |  | NAAM EN BEROEP | VERSEKERDE |
| IDENTITY NUMBERVAT REGISTRATION NO. |  | IDENTITEITS NOMMER BTW REGISTRASIE NR. |
| ADDRESS AND DAY TELEPHONE NUMBER |  | ADRES EN DAG TELEFOON NOMMER |
| VEHICLE |  | Make/ Fabrikaat | Tare/ Tarra | Gross Vehicle Mass / Bruto Voertuig Massa | Kilometers KilometersCompleted Afgelé |  | VOERTUIG |
| If vehicle subject to Hire Purchase, Creditor Leasing Agreement, state name and address ofFinance Company | Registration/ Registrasie | Value/ Waarde | Model and Year / Model en Jaar | Date of purchase Datum van aankoop | Indien voertuig onder Huurkoop, Krediet-ofBruikhuur-ooreenkoms is, meld naam en adres van Finansierings maatskappy |
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| In whose name is the vehicle registered? |  | In wie se naam is die voertuig geregistreer? |
| DAMAGE | Damage to own vehicle |  | Skade aan u eie voertuig | SKADE |
| Estimate for repairs or attach quotation |  | Beraamde herstel koste ofheg kwotasie aan |
| Repairer’s name, address and telephone number |  | Hersteller se naam, adres en telefoon nommer |
| Where can your damaged vehicle be inspected? |  | Waar kan u beskadigde voertuig ondersoek word? |
| DRIVER | FullName |  | Volle Naam | BESTUURDER |
| Address |  | Adres |
| Occupation |  | Beroep |
| Identity Number |  | Identiteits nommer |
| Driving License | Number / Nommer | Date / Datum | Place / Plek | Code / Kode | Full / Vol Learner / Leerling | Ry bewys |
| State fully the purpose for which the vehicle was being used |  | Meld volledig die doel waarvoor die voertuig gebruik is. |
| Was he/she driving with your permission? |  | Het hy/sy met u toestemming bestuur? |
| Was he/she in your employ? |  | Was hy/sy in u diens? |
| Is he/she the owner of another Vehicle? If yes, give name of Insurer and policy number |  | Is hy/sy die eienaar van ‘n ander voertuig? Indien ja, meld naam van versekeraar en polis nommer |
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| Details of any convictions for motoring offences |  | Besonderhede van enige veroordelings weens motor ry-oortreding |
| Has license ever been endorsed? |  | Is rybewys ooit geën dosseer? |
| Has he/she any physical defects? |  | Ly hy/ sy aan enige liggaamlike gebreke? |
| Details of previous accidents |  | Besonderhede van vorigeongelukke |
| PASSENGERS(Insured Vehicle) | PASSENGERS ININSURED VEHICLE | Name / Naam | Address / Adres | Injury / Besering | PASSASIERS IN VERSEKERDE VOERTUIG | PASSASIERS(Versekerde Voertuig) |
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| For what purpose were they carried? |  | Met watter doel is hullevervoer? |
| Are they employees? |  | Is hulle werknemers? |
| OTHER PARTY | OTHER VEHICLES | Registration Number Registrasie nommer | Make Fabrikaat | Name and Address of Owner and DriverNaam en adres van Eienaar | Details of damageBesonderhede van skade | ANDER VOERTUIE | ANDER PARTY |
|  |  |  |  |
|  |  |  |  |
| Contact details: Home, Work or Cell No. Kontak besonderhede: Huis, Werk of Sellulêr | Insurance details: Company, Policy and/or Claim No.Versekerings besonderhede: Maatskappy, Polis en /of Eis No. | Details of damage Besonderhede van skade |
| (1) |  |  |
| (2) |  |  |
| (3) |  |  |
| PROPERTY OTHER THAN VEHICLES | Name and Address of Owner / Naam en adres van eienaar | Details of damage Besonderhede van skade |  |
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|  | PERSONAL INJURIES (OTHER THAN ININSURED’S VEHICLE) | Name of Injured Naam van Beseerde | Relationship to accident e.g.Driver, Passenger etc.Verband met die ongeluk bv. Bestuurder, Passasierens. | Details of Injuries Besonderhede van Beserings | Name of Hospital, if applicableNaam van Hospitaal indien van toepassing | PERSOONLIKE BESERINGS(BUITEN BESERINGS IN VERSEKERDE SE VOERTUIG) |  |
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| WITNESSES | Name, Address and Telephone Number |  | Naam, Adres en Telefoon nommer | GETUIES |
|  |
| Name, Address and Telephone Number |  | Naam, Adres en Telefoon nommer |
|  |
| ACCIDENT | Date, Time, Place. |  |  | Datum, Tyd, Plek | ONGELUK |
| Speed | Before accident kphVoor ongeluk kpu | Moment of impact kphOomblik van botsing kpu | Spoed |
| a) Weather conditions b) Visibility | a) | b) | 1. Weers omstandighede
2. Sigbaarheid
 |
| a) Road surface b) Width of road | a) | b) | a) Pad oppervlakb) Breedte van pad |
| 1. Which vehicle lights were on?
2. Street lighting
 | a) | b) | a)Watter voertuig ligtewas aan?b)Straatbeligting |
| Was any warning given by you, e.g. hooting,Indicator etc.? |  | Is enige waarskuwing deur u gegee, bv,toeter, flicker ligens? |
| Police Details | Name of Police / Traffic officer who recorded details of Acciden / Naam van Polisie / Verkeers beampte wat besonderhede van ongeluk geneem het | Police Station and Reference No. / Polisie stasie en verwysings nr. | Polisie besonderhede |
| Was driver tested for Alcohol or drugs? |  | Is bestuurder getoetsvir alkohol of dwelm middels? |
| DESCRIPTION OF ACCIDENT |  | BESKRYWING VANONGELUK |
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| **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 signs or warning signs in vicinity of scene of accident.Dui asseblief die plek van botsing duidelik aan en gebruik pyltjies om die rigting waarin gery is,aan te toon. Gee besonderhede van enige pad veiligheids tekens of waarskuwings tekens in die omgewing van die ongelukstoneel | **SKETS VAN ONGELUK**(indien nodig heg aparte sketsplan aan) |
| LICENCEINSPECTED | I have inspected the driver’s licence and it is free of endorsements / endorsed as shown. Please attach copies of driver’s licence and page 1 of driver’s identity document.Ek het die bestuurder se rybewys nagegaan en dit is nie geëndosseer nie/ is geëndosseer soos angedui. Heg asseblief afskrifte van die bestuurders lisensie en bladsy 1 van die identiteits dokument hierby aan.Signature Capacity DateHandtekening…..……………………………………….………………….………………………………….Hoedanigheid……………………….…………………………………………………... Datum…………………………………………………....………………… | RYBEWYS NA GEGAAN |
| DECLARATION | We here by declare the following particulars to be true in every respect. / Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is.Signature of Driver DateBestuurder se Handtekening…………………………………………………………………………………………………………………………………………………………………..…………. Datum…………………………………………………………………….…Signature of Insured Capacity DateVersekerde se Handtekening…..…………………………………………………………………………………. Hoedanigheid…………………………………………………………………...Datum…………………………………………………....…………………N.B.1 IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, IN QUEST OR DEMAND.DIT IS BELANGRIK DAT U DIE VERSEKERAAR ONMIDDELLIK IN KENNIS STEL SODRA U BEWUS WORD VAN ENIGE VERVOLGING, NADOODSE ONDERSOEK OF EIS.N.B.2 ANY PERSONAL INJURIES NOTED OVER LEAF MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY.ENIGE PERSOONLIKE BESERINGS WATOP DIE KEERSY VERMELD WORD MOET ONMIDDELLIK EN AFSONDERLIK AAN DIE MULTILATERALE MOTOR VOERTUIG ONGELUKKE FONDS GERAPORTEER WORD | VERKLARING |