



MOTOR ACCIDENT CLAIM FORM

POLICY NO.:		OUR CLAIM NO.:		
INSURED	Full Name & Occupation		ID / Vat No.:	
	Day Tel. No. (H/W):		Cell No.:	
	Address:		Email:	
VEHICLE	Make:		Model:	
	Registration No.:		Value:	
	Is Vehicle Financed? Yes No		Name, Address, A/c No. of finance co.	
	If finances, date of purchase:		Kilometers Completed:	
	In whose name is vehicle registered		Chassis / VIN Number:	
DAMAGE	Damage to own vehicle:			
	Estimate for repairs / attached quotation:			
	Repairer's name, address & telephone no.:			
	Where can your vehicle be inspected?	What date can it be inspected by an assessor		
DRIVERS DETAILS	Full Name:		Identity No.:	
	Residential Address:			
	Occupation & Company:			
	Drivers License No.:		Is he/she in insureds employ?	
	Was he/she driving with insureds permission? Yes No		For what purpose was Vehicle being used?	
	Has he/she insurance on own car? Yes No		If yes, state policy no. & insurance company	
	Details of convictions for motor offences:			
	Has license ever been endorsed? Yes No			
PASSENGERS (in Insured vehicle)	Name	Residential address	Injury	For what purpose were they carried?

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: P. O. Box 2743, Pretoria, 0001.



OTHER PARTY (other than insured vehicle)	Name	Residential address	Injury	For what purpose were they carried?

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OTHER VEHICLES	Registration No.	Make	Name & address (full) of owner and driver	Details of damage

OTHER PARTY PROPERTY (other than vehicles)	Name & Address of owner	Details of damage

WITNESSES	Name & Address, Tel No.:	
	Name & Address, Tel No.:	
	Name & Address, Tel No.:	
	Name & Address, Tel No.:	

DETAILS OF ACCIDENT	Date & Time:	Place:
	Speed before accident:	At moment of impact:
	Weather conditions:	Visibility:
	Road surface:	Width of road:
	Which vehicle had lights on:	Street lighting:
	Was any warning given by you? (eg. hooting, indicators)	Was the driver tested for drugs or alcohol? Yes No
	Police Station:	Case Reference No.:
	Name of officer who recorded details of accident:	
	Description of accident:	

PLEASE NOTE: 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 risk proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.



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SKETCH OF ACCIDENT	<p>(use separate page if necessary)</p> <p>Please show clearly:</p> <ol style="list-style-type: none"> 1. Insured vehicle & other party vehicle 2. The point of impact 3. Indicate the direction of travel by arrows 4. Give details of any road safety signs or warning signs in the vicinity of the accident 			
PAYMENT METHOD	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the details below:			
	Name of Bank:		Branch Name:	
	Account Name:		Branch No.:	
	Account Type:		Account No.:	
LICENSE	(OFFICIAL USE ONLY) I have inspected the driver's license and it is free of endorsements/endorsed as shown.			
	Signature:		Capacity	
DECLARATION	(PLEASE ENSURE SIGNED BY BOTH DRIVER AND INSURED)			
	We hereby declare the foregoing particulars to be true in every aspect.			
	Signature of driver:		Date:	
	Signature of insured:		Capacity:	Date:

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



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