



Motor Accident Report / Claim Form

Claim number (Office use only)

Insurer

Policy number

Insured

Name Occupation

Address Contact number

Vehicle

Make Tare

Gross vehicle mass Kilometres completed

If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name of Finance Company

Registration Value

Model Year Date of purchase Price paid

Police reference number

Damage

Damage to own vehicle

Estimate for repairs or attach quotation

Repairer's name Contact number

Address

Where can your damaged vehicle be inspected

HOSPITALITY, INDUSTRIAL & COMMERCIAL UNDERWRITING MANAGERS

Directors D Wilensky (Managing Director), V Hayter (Director), I Chindotana (Director)
Reg. No. 98/032655/07 | VAT No. 4380178113 | An authorised financial services provider, FSP 5072 | Underwritten by Guardrisk Insurance Company Limited
Head Office 27 Harcus Road, Bedfordview, 2008 | Postal P O Box 2253 Bedfordview 2008
Switchboard +27 11 455 5271 | Fax +27 11 450 4307 | info@hicsa.co.za | www.hicsa.co.za

Driver

Full name

Address

Contact number

Occupation

Date of birth

Driving licence number

Date issued

Place

Code

Full licence

Learner

State fully the purpose for which the vehicle was being used

Was he/she driving with your permission? Yes No

Was he/she in your employ? Yes No

Has he/she any motor insurance on own car? Yes No If yes, state

Policy number

Company

Details of any conviction for motoring offences

Has licence ever been endorsed? Yes No

Has he/she any physical disabilities? Yes No

Details of previous accidents

Passengers (Insured vehicle)

Passenger name

Address

Injury

Personal Injuries (other than in Insured Vehicle)

Name of Injured	Relationship to accident e.g. Driver, Passenger etc.	Details of Injuries	Name of Hospital if applicable

Witnesses

Name	Contact number
Address	
Name	Contact number
Address	

Accident

Description of Accident

Police station

Police reference

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

This accident must be reported to the Road Accident Fund using the special accident report form (MMF3) within 14 days if there are injuries or the likelihood of injuries to anyone other than the driver, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, Pretoria 0001.

Licence inspection

Please attach clear copy of Drivers Licence

Declaration

I/We Hereby declare the foregoing particulars to be true in every respect.

Date

Date

Capacity

Signature of Driver

Signature of Insured

NB: It is important that you notify the Insurers immediately you become aware of any impending prosecution, inquest or demand.
