ONE

MOTOR ACCIDENT CLAIM FORM

POLICYHOLDER DETAILS

Insurer	Mutual and Federal Risk Financing Limited		
Insured		Policy Number	
Cell		Tel Number	

DAMAGE

Vehicle make and model		Registration Number	
Description of damage to own vehicle			
State where can the vehicle be inspected			
Was a load being transported at the time of the accident?		Yes	No
If yes, what was the commodity?			

Please provide images of the damage (Attach photographs)

POLICE

Name of Officer who recorded details of accident		Date of report	
Police Station		Police Ref no	

DRIVER DETAILS

Full Name		Identity Number			
Tel Number		E-mail			
Occupation		Street Address			
Driver's Licence Details	Code		Place of Issue		Date of Issue
State the purpose for which the vehicle was being used					
Was he/she driving with your permission?			Yes	No	
Is he/she in your employ?			Yes	No	

PASSENGER DETAILS

Were there any passengers in the insured vehicle? If so, please state their name and telephone number below

Name	Details of Injuries	Tel Number

ONE Insurance Underwriting Managers (Pty) Ltd Reg No. 1996/008987/07
Authorised Financial Services Provider FSP8783 VAT No. 4370160501

Underwritten by:
MUTUAL & FEDERAL | risk financing
A member of the OLDMUTUAL Group

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Are they employees?			Yes		No
For what purposes where they being transported?					

WITNESSES DETAILS

Name	E-mail Address	Tel Number

OTHER PARTY DETAILS

Reg No.	Make & Model	Name & Address of Owner & Driver	Damage Details

ACCIDENT DETAILS

Date of accident		Time of accident	
Place of accident			
Speed before accident (km/h)		Speed at moment of Impact (km/h)	
Weather conditions at time of accident		Visibility	
Road surface		Width of road	
State which vehicle lights were on?		Condition of street lighting	
Was any warning given by you? (e.g. Hooter)		Was Driver/s tested for alcohol or drugs?	
Description of accident			

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SKETCH OF ACCIDENT (If necessary use a separate page) Please indicate clearly the point of impact and indicate the direction of travel by arrows. Give details of any road signs or warning signs in vicinity of scene of accident.	

DECLARATION

I hereby declare the aforementioned particulars to be true in every respect.

Signed at: _____ Date: _____

Full Name: _____

_____ _____

Signature Capacity of Signatory*

* Please attach copy of Driver's License