

Motor Accident Claim Form

Policyholder Details

Insurer	Mutual and Federal Risk Financing Ltd				
Insured			Policy Number		
Telephone	Home		Work		Cell

Broker Details

Broker Name					
Contact	Tel no		Fax		E-mail

Vehicle

Make and model			Year	
Registration number		Purchase price		Purchase date

Anti Theft devices

Make		Fitted by		Date fitted	
Details of window markings	Number		Applied by whom		

Financing Details

Finance company	Branch	Type of agreement	Account number	Amount

Damage

Damage to own vehicle			
Estimates for repair (attach quotations)		State where the vehicle can be inspected	
Repairer's name		Repairer's Tel no	
Repairer's address			

Police

Name of Officer who recorded details of accident			
Police station			
Date reported		Police ref no	

Driver Details

Full name & surname													
Identity number													
Address													
Occupation					Telephone no								
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		
Is he/she owner of another vehicle										Yes		No	
If yes, provide name of insurer and policy number													
Details of any convictions for motoring offences													
Has license ever been endorsed													
Has he/she any physical defects (if yes please state)				Yes		No							
Details of previous accidents													

Passenger Details

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

Name	Address	Tel No

For what purposes where they being transported					Are they employees		Yes		No	
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Witnesses Details

Name	Address	Tel No

Other Party Details

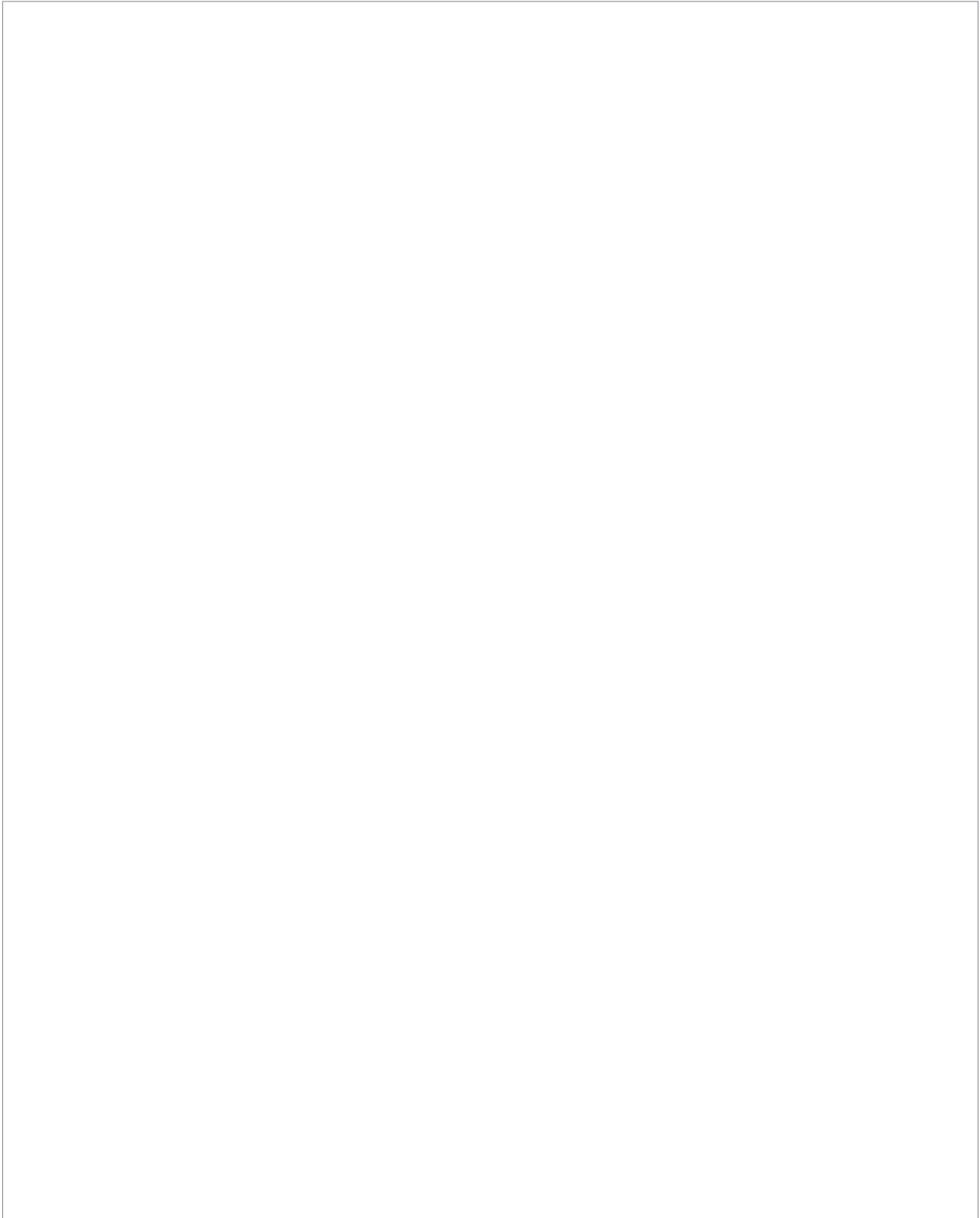
Registration no	Make and model	Name & address of owner & driver	Damage details
Damage to property other than vehicles (indicate)			
Name of owner	Address	Tel No	
Personal Injuries (Other than insured Vehicle)			
Name of injured	Relationship to accident (e.G. Passenger, driver)	Details of injuries	Name of hospital

Accident Details

Date, time and place of accident			
Speed before accident (KPH)		Speed at moment of impact (kph)	
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			
Was a load being transported at the time of the accident?			Yes
			No
If yes, what was the commodity?			

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.





Your Responsibility

Motor Accident

1. Copy of ID and Drivers License (HCV – PrDP)
2. Copy of the Registration Certificate.
3. Full Third Party details.
4. SAP Case Number and confirmation if SAP were on the scene.
5. Location of vehicle in order to appoint assessor.
6. Confirmation of vehicle towed - if by whom and where / Towing Invoice.
7. Completed claim form.
8. Full description of accident.
9. HCV – Load documentation.

Disclaimer

You are responsible for giving us true and complete information relevant to this claim. You hereby confirm that your loss or damage occurred during the period of insurance.

Signed at: _____ Signature: _____

Name and surname of signatory: _____

Designation: _____ Date: _____

Ibiliti Underwriting Managers

Tel: 010 590 5511

E-mail: claims@ibiliti.co.za

www.ibiliti.co.za

Physical address:

The Pivot, Block D, 2nd Floor, Montecasino Boulevard, Fourways, 2191

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Postnet Suite 984 Private Bag X153, Bryanston, 2021