



MOTORVOERTUIG EIE SKADE EISVORMS

MOTOR VEHICLE OWN DAMAGE CLAIM FORM

POLISNOMMER
POLICY NUMBER

EISNOMMER CLAIM
NUMBER

1. DIE VERSEKERDE / THE INSURED

Van Surname	<input style="width: 95%;" type="text"/>	Voorletters Initials	<input style="width: 95%;" type="text"/>	Id No.	<input style="width: 95%;" type="text"/>
Adres/address (H)	<input style="width: 95%;" type="text"/>		Adres/Address (W)	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>		<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	
<input style="width: 95%;" type="text"/>	Poskode/Postcode	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	Poskode/Postcode	<input style="width: 95%;" type="text"/>
Faksnr. Fax no.	<input style="width: 95%;" type="text"/>		Selnr. Cell no.	<input style="width: 95%;" type="text"/>	
Telefoonnr. Telephone no.: (W)	<input style="width: 95%;" type="text"/>	(H)	<input style="width: 95%;" type="text"/>	Beroep Occupation	<input style="width: 95%;" type="text"/>

2. DIE BESTUURDER TYDENS DIE ONGELUK / THE DRIVER AT THE TIME OF THE ACCIDENT

Van Surname	<input style="width: 95%;" type="text"/>	Voorletters Initials	<input style="width: 95%;" type="text"/>	Id No.	<input style="width: 95%;" type="text"/>
Adres/address (H)	<input style="width: 95%;" type="text"/>				
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>				
<input style="width: 95%;" type="text"/>	Poskode/Postcode	<input style="width: 95%;" type="text"/>			
Telefoonnr. Telephone no.: (W)	<input style="width: 95%;" type="text"/>	(H)	<input style="width: 95%;" type="text"/>	Selnr./Cell no.	<input style="width: 95%;" type="text"/>
Bestuurderslisensie: Kode Driver's Licence: Code	<input style="width: 95%;" type="text"/>	Datum uitgereik: Date issued:	<input style="width: 95%;" type="text"/>	Beperkings: Limitations:	<input style="width: 95%;" type="text"/>
				Vol/Leerling Full/Learner's	<input style="width: 95%;" type="text"/>
Was die bestuurder nugter? Was the driver sober?	<input type="checkbox"/> JA YES	<input type="checkbox"/> NEE NO	Is 'n bloedmonster na die ongeluk geneem? Was a blood sample taken after the accident?	<input type="checkbox"/> JA YES	<input type="checkbox"/> NEE NO
Indien Ja, wat was die uitslag? If Yes, what was the result?	<input style="width: 95%;" type="text"/>				

3. DIE VOERTUIG / THE VEHICLE

Fabrikaat Make	<input style="width: 95%;" type="text"/>	Jaar van vervaardiger Year of manufacture	<input style="width: 95%;" type="text"/>	Registrasienommer Registration number	<input style="width: 95%;" type="text"/>
Kleur Colour	<input style="width: 95%;" type="text"/>	Is die voertuig onder enige ander polis verseker? Is the vehicle insured under any other policy?	<input type="checkbox"/> JA YES	<input type="checkbox"/> NEE NO	<input type="checkbox"/> NEE NO
Naam en adres van geregistreerde eienaar Name and address or registered owner	<input style="width: 95%;" type="text"/>				
Naam en adres van titelhouer indien die voertuig die onderwerp van 'n huurkoopkontrak of dergelike ooreenkoms is. Name and address of title holder if the vehicle is the subject of a hire-purchase agreement or similar agreement.	<input style="width: 95%;" type="text"/>				

Beskrywing van skade aan voertuig Description of damage to the vehicle	<input style="width: 95%;" type="text"/>				
Beraamde herstelkoste Estimated cost of repairs	R	<input style="width: 95%;" type="text"/>	Is opdrag vir herstel gegee? Have instructions for repair been given?	<input type="checkbox"/> JA YES	<input type="checkbox"/> NEE NO
Indien Ja, deur wie? If Yes, by whom?	<input style="width: 95%;" type="text"/>				
Adres waar die voertuig besigtig kan word Address where the vehicle may be seen	<input style="width: 95%;" type="text"/>				

4. DIE ONGELUK / THE ACCIDENT

Datum Date	<input style="width: 95%;" type="text"/>	Plek Place	<input style="width: 95%;" type="text"/>	Tyd Time	<input style="width: 95%;" type="text"/>
Indien die ongeluk buite die grense van die Republiek van Suid-Afrika plaasgevind het, meld asb. in watter land. If the accident occurred outside the borders of the Republic of South Africa, please mention in which country.	<input style="width: 95%;" type="text"/>				
Polisiekantoor/Verkeersafdeling waar ongeluk aangemeld is. Police Station/Traffic Department where accident was reported.	<input style="width: 95%;" type="text"/>				
Polisie/Verkeersafdeling verwysingsnommer. Poice/Traffic Department reference number.	<input style="width: 95%;" type="text"/>				
Kort beskrywing van ongeluk Short description of accident	<input style="width: 95%;" type="text"/>				
Vir watter doel is die voertuig tydens die ongeluk gebruik? For what purpose was the vehicle being used at the time of the accident?	<input style="width: 95%;" type="text"/>				
4.1 Is daar ander partye wat, voortspruitend uit die ongeluk, skadevergoeding van u kan eis of van wie u skadevergoeding kan eis? Are there other parties who can claim damages arising from the accident from you or from whom you can claim damages?	<input type="checkbox"/> Ja Yes	<input type="checkbox"/> Nee No			
4.2 Het enige passasiers in u voertuig beserings opgedoen? Have any passengers in your vehicle sustained injuries?	<input type="checkbox"/> Ja Yes	<input type="checkbox"/> Nee No			

Indien u antwoord op enige van vrae 4.1 en 4.2 hierbo Ja is, voltooi asb. die Motorvoertuig Derdeparty Aanspreeklikheid Eisvorm. If your answer to any questions 4.1 or 4.2 above is Yes, please complete the Motor Vehicle Third Party Liability Claim Form.

Ek verklaar dat na my beste wete die bostaande besonderhede waar en juis is en 'n volledige blootlegging is van die omstandighede van die eis en ek onderneem om die maatskappy al die hulp in my vermoë met die hantering van die eis te verleen.

I declare that to the best of my knowledge and belief the foregoing particulars are true, correct and a complete disclosure of the circumstances relating to the claim and I undertake to render to the company every assistance in my power in dealing with the matter.

DATUM
DATE

HANDTEKENING VAN VERSEKERDE
SIGNATURE OF INSURED

