

Motor Accident Claim Form



DETAILS OF THE BROKER

Brokerage: _____ Telephone: _____
Contact Name: _____ Cellphone: _____
Agency Code: _____ Email: _____

DETAILS OF THE INSURED

Company Name / Insured: _____
Insured Telephone Number: _____ Insured Cellphone Number: _____
Physical Business Address: _____
Postal Code: _____

HCV AND TRAILER DETAILS

Truck Tractor:

Make and Model	Year Model	Value	Date of Purchase
Registration Number	Gross Vehicle Mass	Odometer Reading	Registered Owner

Hire Purchase, Credit or Lease agreement: Yes No

If yes, name and contact details of finance company: _____

Front Trailer:

Make and Model	Year Model	Value	Date of Purchase
Registration Number	Gross Vehicle Mass	Odometer Reading	Registered Owner

Hire Purchase, Credit or Lease agreement: Yes No

If yes, name and contact details of finance company: _____

Rear Trailer:

Make and Model	Year Model	Value	Date of Purchase
Registration Number	Gross Vehicle Mass	Odometer Reading	Registered Owner

Underwritten by:



Old Mutual Insure Limited is a licensed FSP and Non-Life Insurer.

Hire Purchase, Credit or Lease agreement:

Yes No

If yes, name and contact details of finance company: _____

LDV AND PRIVATE MOTOR VEHICLE DETAILS

LDV and Private Motor Vehicle

Make and Model	Year Model	Value	Date of Purchase
Registration Number	Gross Vehicle Mass	Odometer Reading	Registered Owner

Hire Purchase, Credit or Lease agreement:

Yes No

If yes, name and contact details of finance company: _____

DETAILS OF DAMAGE SUSTAINED

Camera fitted in the vehicle?

Yes No

Footage available of incident?

Yes No

If yes, please provide.

Did you make use of the Merx Call Centre?

Yes No

Was the vehicle towed?

Yes No

If yes, details of towing company: _____

Where can the damaged vehicle be inspected? _____

Name of repairer: _____

Estimate for damages received?

Yes No

If yes, please attach.

DRIVER DETAILS

Full name of driver involved in accident: _____

Identity number: _____

Expiry date of PrDP: _____

Driver licence number and code: _____

Has the licence ever been endorsed?

Yes No

Is the driver employed by you?

Yes No

Was the vehicle used with your permission?

Yes No

For which purpose was the vehicle utilised? _____

Is the driver a foreigner?

Yes No

If yes please provide a copy of the foreign country PrDP equivalent.

DETAILS OF PASSENGERS

Name and Surname	Address	Injuries

CARGO DETAILS - NOT APPLICABLE TO LDV AND PRIVATE MOTOR VEHICLES

Was there any load transported at the time of the incident?

Yes No

If yes please provide description: _____

If yes please provide a copy of waybill to confirm weight carried.

DETAILS OF THIRD PARTY

- Very important for recovery purposes.

Full details of other vehicles involved in incident:

Registration Number	Make	Name and Address of Owner	Driver	Damage

DETAILS OF PROPERTY OTHER THAN VEHICLES

Description	Name and Address of Owner	Description of Damage

PERSONAL INJURIES

Name of Injured Person	Relation to Driver	Injuries	Name of Hospital

DETAILS OF WITNESSES

- **Very important for recovery purposes.**

Name and Surname	Telephone Number	Address

DETAILS OF ACCIDENT

Date:	Time:	Place:
Speed Before Accident:	Speed at Moment of Impact:	

Weather conditions? _____

Visibility? _____

Road surface? _____

Width of road? _____

Which vehicle lights were on? _____

Street lighting? _____

Did the driver gave any warnings? Hooter, indicators, etc. _____

Police Station: _____ Case Number: _____

Was the driver tested for alcohol or drugs? Yes No

DESCRIPTION OF ACCIDENT

Sketch of accident. If necessary use a separate page. Please show clearly the point of impact and indicate direction of travel by arrows. Give details of nearby road safety signs or warning signs.

DOCUMENT CHECK LIST

Documents to Submit with all Motor Claims	Yes	No
Claim form signed and dated by the driver and insured		
Odometer reading must be completed on claim form		
Repair quotation		
Load details <i>(not applicable to LDV and Private Motor)</i>		
SAP case number and station reported to		
Full third party details		
Detailed sketch and description		
Motor vehicle licence <i>(applicable to LDV and Private Motor)</i>		
COF received on truck <i>(not applicable to LDV and Private Motor)</i>		
COF/s received on trailer <i>(not applicable to LDV and Private Motor)</i>		
Natis/Registration Certificate <i>(applicable to HCV, Trailers, LDV and Private Motor)</i>		
Driver contact number		
Drivers ID or passport <i>(applies to SA and Foreign National)</i>		
Driver licence PrDP <i>(applies to SA and Foreign National)</i>		
Swaziland public driving permit <i>(applies to Swaziland Drivers)</i>		
Zimbabwe defensive driving permit <i>(applies to Zimbabwe Drivers)</i>		
Driver international driving permit <i>(applies to Zimbabwe/Swaziland Drivers)</i>		
Vehicle movement report <i>(compulsory)</i>		
Camera footage		
Towing invoice		
Clean-up for diesel spill from our vehicle, provide invoice <i>(if applicable)</i>		

Additional Documents for Lightning Claim

Damaged modules/parts will be sent to our lightning damage specialist for testing.

- Exact coordinates where the lightning damage took place must be provided immediately when submitting the claim. This is needed by the SA Weather Service to confirm the incident
- Detailed quotation must be done on the damaged modules
- Damaged modules/parts must be delivered to MERX office

Vehicle Uneconomical to Repair

The following documents will be required after an assessor has confirmed the vehicle to be uneconomical to repair:

- Copy of original registration certificate *(Natis/Logbook)*
- Settlement from Hire Purchase/Lease Agreement *(settlement letter must be valid for 14 days)*

Salvage not kept by the Insured

The following must be sent to the MERX offices:

- Original registration certificate
- Two signed ownership forms
- Proxy ID *(copy)*
- Business Registration Certificate (BRC) *(copy)*
- Spare keys

Should a vehicle/trailer or combination be destroyed by fire; the insured must provide us with Original Deregistration Certificate Code 4 which means the truck/trailer or combination has been demolished/scrapped:

- Original Deregistration Certificate Code 4 (*demolished/scrapped*)
- Proxy ID (*copy*)
- Business Registration Certificate (BRC) (*copy*)