

MOTOR VEHICLE CLAIM FORM



MERX HCV

A Division of Merx Underwriting Managers (Pty) Ltd

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Merx HCV is an authorised financial services provider - FSP nr: 42991

Underwritten by:

FSP 42991



OLD MUTUAL INSURE

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

Policy Number

Claim Number

INSURED

First Name

Surname

Telephone

Fax

Cell Phone

Email

Address

Code

Are you the sole owner of the insured vehicle? ☐ Yes

☐ No

Is the vehicle leased? ☐ Yes

☐ No

Advise the date the vehicle was purchased by you/your company? / /

INSURED VEHICLE

Make

Model

Year

Colour

Registration
number

Engine No.

Chassis or
Vin No.

Trailer Detail (if applicable)

Make

Type

Year

Registration
number

State any non-standard accessories/modifications to vehicle?

What was the intended operating radius of the journey?

State time and place journey commenced and intended destination

State type and weight of goods being carried?

DRIVER DETAILS

First Name

Surname

Telephone

Date of birth

Cell Phone

Age

Sex

☐ M

☐ F

Address

Code

Current Drivers' Licence No. and endorsements

Expiry Date

/ /

Years Licensed to drive this type of vehicle

Are you
an employee?

☐ Yes

☐ No

If not, state relationship

Name of Owner
of the Vehicle

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DRIVER DETAILS (continued)

Have you had any traffic convictions and/or traffic offences or been involved in any motor vehicle accidents in the past five (5) years?

☐ Yes ☐ No

If yes, please give full particulars

How many hours have you spent driving in the 48 hours immediately proceeding the accident?

☐ Yes ☐ No

Did you consume any alcohol or take any drugs during the 12 hours prior the accident?

☐ Yes ☐ No

If Yes, state what, how much and when

Did you undergo a breath test or blood test for alcohol or drugs?

☐ Yes ☐ No

If Yes, what was the result

Did you refuse to undergo any of the above tests?

☐ Yes ☐ No

DAMAGE TO INSURED VEHICLE

Was your vehicle damaged? ☐ Yes ☐ No

If tyres damaged, approximate mileage of tyres

Was your vehicle towed away? ☐ Yes ☐ No

If Yes, name of company

Have you obtained a repair quote? ☐ Yes ☐ No

Who is your preferred repairer?

Is the vehicle there? ☐ Yes ☐ No

If not, where is the vehicle located? (full address)

ACCIDENT DETAILS

Date _____ Time _____ Vehicle use ☐ Business ☐ Private

Day of the week ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Location:

Street

Suburb

Postal code

Description of Accident

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ACCIDENT DETAILS (continued)

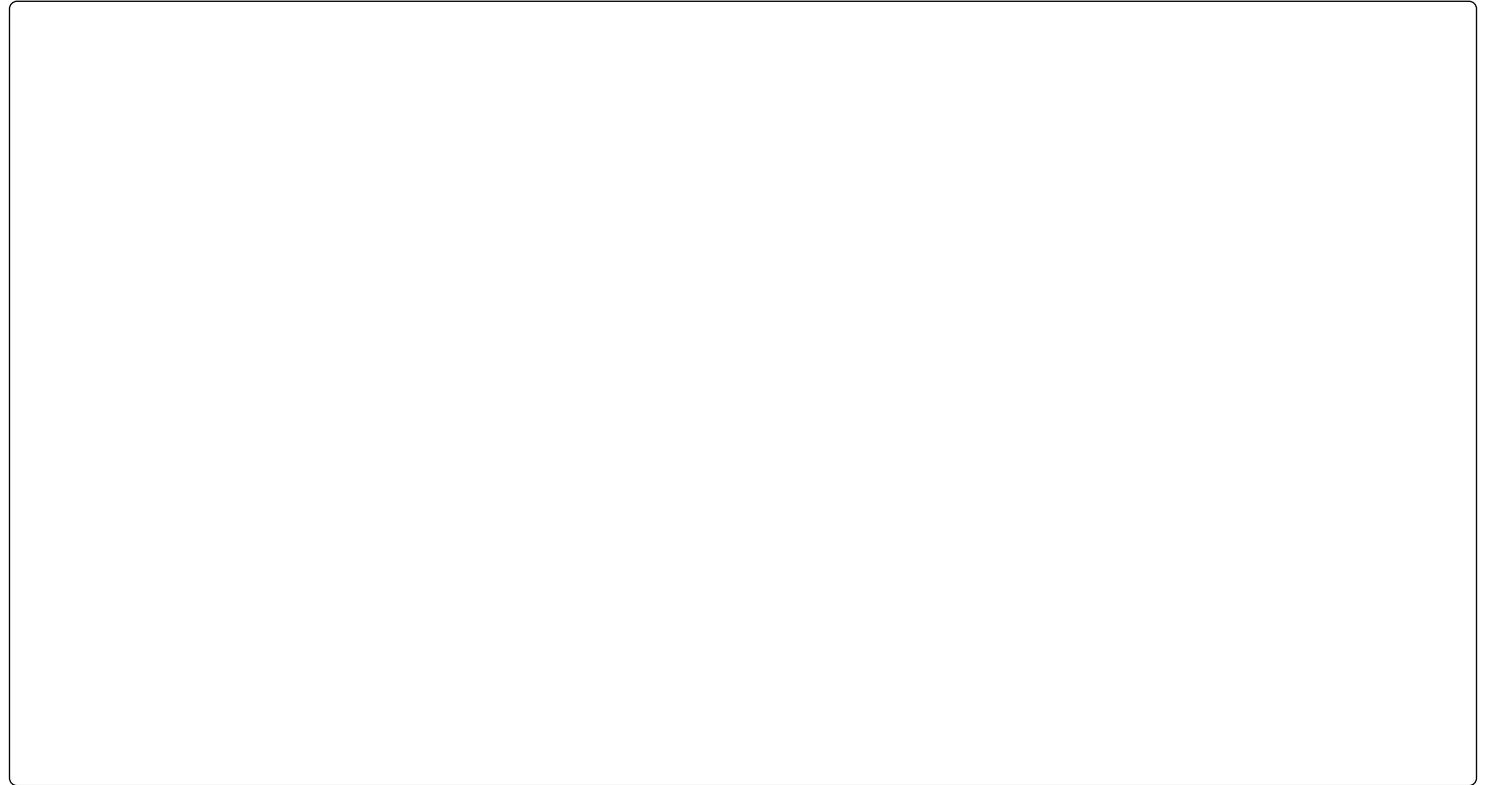
Please draw a plan of the accident. Show the nearest cross street; street names; centre of the road way; direction an location of vehicles. It is important to detail all road signs an marking and width of road.

Indicate your own vehicle as

A

Indicate any other vehicle's as

B



Who do you consider was at fault?

Estimated speed of your vehicle 30 meters prior to accident Km/h

Estimate speed of other vehicle just before the accident

Km/h

What lights if any were being used by you?

What lights if any were being used by the other party?

How far from the point of collision were you when you first saw the other party?

How far from the point of collision was the other party when first seen by you?

State of road / road surface

☐ Smooth ☐ Rough ☐ Wet ☐ Dry ☐ Uphill ☐ Downhill ☐ Flat

How was visibility?

☐ Good ☐ Moderate ☐ Poor

Were there any witnesses to the accident?

☐ Yes ☐ No

If Yes, please provide details:

First Name

Surname

Telephone

Cell Phone

Address

Code

Affidavit: ☐ Yes ☐ No

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POLICE QUESTIONS

Did Police attend the accident?

☐

Yes

☐

No

If No, state time and
date reported to Police

Police case number

Police station

DAMAGE TO OTHER VEHICLES OR PROPERTY

Vehicle 1

Vehicle 2

Name of other driver

Address

Age

Phone Number

Licence Number

Vehicle Make & Model

Registration Number

Name of Registered Owner

Address

Phone Number

Other party Insurance Company

Policy Number

Description of Damage

PHYSICAL INJURIES

Was anyone injured in the accident?

☐

Yes

☐

No

Name

Type of injury

Injured party (Passenger/Driver)

Vehicle (Registration No.)

DECLARATION

The information and answers given above are true in every detail and no information has been withheld.

Driver's Signature

Date

Insured's Signature

Date