



\* AFSKRIF VAN BESTUURS LISENSIE + 1x KWOTABIE BENODIG

# MOTORVOERTUIG EIE SKADE EISVORM MOTOR VEHICLE OWN DAMAGES CLAIM FORM

POLISNUMMER / POLICY NUMBER ..... EISNUMMER / CLAIM NUMBER .....

## 1. DIE VERSEKERDE / THE INSURED

Van / Surname ..... Voorletters / Initials ..... ID No. ....  
 Adres/Address (H) ..... Adres/Address (W) .....  
 Poskode/Postcode ..... Poskode/Postcode .....  
 Faksnr. / Fax no. .... Selnr. / Cell no. ....  
 Telefoonnr. / Telephone no.: (W) ..... (H) ..... Beroep / Occupation .....

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

Van / Surname ..... Voorletters / Initials ..... ID No. ....  
 Adres/Address ..... Poskode/Postcode .....  
 Telefoonnr. / Telephone no.: (W) ..... (H) ..... Selnr. / Cell no. ....  
 Bestuurderslisensie: Kode / Driver's Licence: Code ..... Datum / Date issued ..... Beperkings / Limitations ..... Vol/Learnering / Full/Learner's .....  
 Was die bestuurder nugter? / Was the driver sober?  JA YES  NEE NO  
 Is 'n bloedproef na die ongeluk geneem? / Was a blood sample taken after the accident?  JA YES  NEE NO  
 Indien Ja, wat was die uitslag? / If Yes, what was the result? .....

COPY OF DRIVERS LICENCE TO BE ATTACHED TO THIS CLAIM FORM  
 AFSKRIF VAN RYBEWYS MOET AANGEHEG WORD

## 3. DIE VOERTUIG / THE VEHICLE

Fabriekaart / Make ..... Jaar van vervaardiging / Year of manufacture ..... Registrasienommer / Registration number .....  
 Kleur / Colour ..... Is die voertuig onder enige ander polis verseker? / Is the vehicle insured under any other policy?  JA YES  NEE NO  
 Naam en adres van geregistreerde eienaar / Name and address of registered owner .....  
 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. ....  
 Beskrywing van skade aan die voertuig / Description of damage to the vehicle .....  
 Beraamde herstelkoste / Estimated cost of repairs R ..... Is opdrag vir herstel gegee? / Have instructions for repair been given?  JA YES  NEE NO  
 Indien Ja, deur wie? / If Yes, by whom? .....  
 Adres waar die voertuig besigtig kan word / Address where the vehicle may be seen .....

## 4. DIE ONGELUK / THE ACCIDENT

Datum / Date ..... Plek / Place ..... Tyd / Time ..... h. ....  
 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. ....  
 Polisiekantoor/Verkeersafdeling waar ongeluk aangemeld is / Police Station/Traffic Department where accident was reported .....  
 Polisie/Verkeersafdeling verwysingsnommer / Police/Traffic Department reference number .....  
 Kort beskrywing van ongeluk / Short description of accident .....  
 Vir watter doel is die voertuig tydens die ongeluk gebruik? / For what purpose was the vehicle being used at the time of the accident? .....  
 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?  JA YES  NEE NO  
 4.2 Het enige passasiers in u voertuig beserings opgedoen? / Have any passengers in your vehicle sustained injuries?  JA YES  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 of questions 4.1 and 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 .....

**DIE UITREIKING VAN HIERDIE VORM IS NIE 'N ERKENNING VAN AANSPREEKLIKHEID NIE.  
THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY.**