

# MOTOR CLAIM FORM

NATIONAL OFFICE: Telephone 011 886 6066

Fax to: 011 886 1725

P.O Box 4047 RANDBURG GAUTENG SOUTH AFRICA 2125  
email: info@bnbsure.co.za



| Policy No./Polisnr.  |   | Claim No./Eisnommer                                   |  |  |  |   |  |   |      |                               |                                   |  |
|--|---|---|--|--|--|---|--|---|------|-------------------------------|-----------------------------------|--|
| INSURED  | Name and Occupation   |   |  |  |  |   |  |   |      |                               |                                   | VERSEKERDE   |
|  | Address and Day Tel. No   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  | Identity Number/VAT Number  |   |  |  |  |   |  |   |      |                               |                                   |  |
| VEHICLE  | If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name, address and account number of Finance Company | Make/Fabriakaat                                       | Tare/Tarra   | Gross Veh. Mass/Bruto Voert. Massa   |  | Kilometers Completed  | Kilometers afgel                         | Indien voertuig onder Huur-koop, Krediet- of Bruikhuur-ooreenkoms is, meld naam, adres en rekeningnommer van Finansierings Mpy. |      |                               |                                   | VOERTUIG   |
|  |   | Registration/Registrasie                              | Value/Waarde   | Model and Year/Model en Jaar   |  | Date of purchase and price paid   | Datum van aankoop en bedrag betaal       |   |      |                               |                                   |  |
|  | In whose name is the vehicle registered?  |   |  |  |  |   |  |   |      |                               |                                   | In wie se naam is die voertuig geregistreer?   |
| DAMAGE   | Damage to own vehicle   |   |  |  |  |   |  |   |      |                               |                                   | Skade aan u eie voertuig   |
|  | Estimate for repairs of attach quotation  |   |  |  |  |   |  |   |      |                               |                                   | Beraamde herstelkos of heg kwotasie aan  |
|  | Repairer's name, address and telephone number   |   |  |  |  |   |  |   |      |                               |                                   | Hersteller se naam, adres en telefoonnommer  |
|  | Where can your damaged vehicle be inspected   |   |  |  |  |   |  |   |      |                               |                                   | Waar kan u beskadigde voertuig ondersoek word?   |
| DRIVER   | Full Name   |   |  |  |  |   |  |   |      |                               |                                   | Wille Naam   |
|  | Residential Address   |   |  |  |  |   |  |   |      |                               |                                   | Woonadres  |
|  | Occupation  |   |  |  |  |   |  |   |      |                               |                                   | Beroep   |
|  | Date of birth and Identity number   |   |  |  |  |   |  |   |      |                               |                                   | Geboortedatum en Identiteitsnommer   |
|  | Driving Licence   | No.   | No.  | Date   | Datum                                      | Place   | Plek                                     | Code  | Kode | Full/Learner                  | Vol/Leerling                      | Rybewys  |
|  | State fully the purpose for which vehicle was being used  |   |  |  |  |   |  |   |      |                               |                                   | Meld volledig die doel waarvoor die voertuig gebruik is  |
|  | Was he/she driving with your permission   |   |  |  |  |   |  |   |      |                               |                                   | Het hy/sy met u toestemming bestuur?   |
|  | Was he/she in your employ?  |   |  |  |  |   |  |   |      |                               |                                   | Was hy/sy in u diens   |
|  | Has he/she any motor insurance on own car? If yes, state Policy no. and Company   |   |  |  |  |   |  |   |      |                               |                                   | Het hy/sy motorversekering op sy/haar eie voertuig. Indien ja, meld asb. Polisnommer en Maatskappy |
|  | Details of any convictions for motoring offences  |   |  |  |  |   |  |   |      |                               |                                   | Besonderhede van enige vervoerdeling weens motorry-oortredings                                     |
|  | Has licence ever been endorsed?   |   |  |  |  |   |  |   |      |                               |                                   | Is rybewys ooit ge'ndosseer?   |
|  | Has he/she any physical defects?  |   |  |  |  |   |  |   |      |                               |                                   | Ly hy/sy aan enige liggaamlike gebreke?  |
| Details of previous accidents  |   |   |  |  |  |   |  |   |      |                               | Besonderhede van vorige ongelukke |  |
| PASSENGER (Insured Vehicle)  | PASSENGERS IN INSURED VEHICLE   | Name/Naam   |  | Residential Address / Woonadres  |  |   |  | Injury / Besering   |      |                               |                                   | PASSASIER (versekerde Voertuig)  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  | For what purposes were they carried?  |   |  |  |  |   |  |   |      |                               |                                   | Met watter doel is hulle vervoer?  |
|  | Are they employees?   |   |  |  |  |   |  |   |      |                               |                                   | Is hulle werknemers?   |
| OTHER PARTY  | PERSONAL INJURIES (OTHER THAN IN INSURED VEHICLES)  | Name of Injured Naam van Beseerde                     | Relationship to accident e.g. driver, passenger etc. Verband met die ongeluk bv. bestuurder, passasiers ens. | Details of Injuries Besonderhede van Beserings                               |  | Name of Hospital if applicable Naam van Hospitaal indien van toepassing |  | PERSONOOLIKE BESERINGS (UITGESONDERD DIE IN VERSEKERDE VOERTUIG)  |      |                               |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
| This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF 3) within 14 days if there is any likelihood of injuries, otherwise the Fund may be able to recover from you. The Fund's address is PO Box 2743, PRETORIA 0001. / Indien daar enige moontlikheid van beserings bestaan, moet hierdie ongeluk binne 14 dae aan die Multilaterale Motorvoertuig Fonds gerapporteer word deur middel van die spesiale ongeluksverslag vorm (MMF 3), anders mag die Fonds geregtig wees om van u te verhaal. Die Fonds se adres is Posbus 2743, PRETORIA 0001. |   |   |  |  |  |   |  |   |      |                               |                                   |  |
| OTHER PARTY  | OTHER VEHICLES  | Registration No. Registrasie Nr.                      | Make Fabriakaat  | Name and address of owner and driver Naam en adres van eienaar en bestuurder |  |   | Details of damage Besonderhede van skade |   |      | ANDER VOERTUIE                |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
| OTHER PARTY  | PROPERTY OTHER THAN VEHICLES  | Name and address of owner / Naam en adres van eienaar |  |  | Details of damage / Besonderhede van skade |   |  |   |      | EIENDOM UITGESONDERD VOERTUIE |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |
|  |   |   |  |  |  |   |  |   |      |                               |                                   |  |

|  |   |  |  |  |                          |                     |
|--|---|--|--|--|--------------------------|---------------------|
| <b>WITNESSES</b>   | Name, Address and Telephone Number  |  |  | Naam, Adres en Telefoonnummer  | <b>GETUIES</b>           |                     |
|  | Name, Address and Telephone Number  |  |  | Naam, Adres en Telefoonnummer  |                          |                     |
| <b>ACCIDENT</b>  | Date, time and place  |  |  | Datum, tyd en plek   | <b>ONGELUK</b>           |                     |
|  | Speed   | Before accident<br>Voor ongeluk  | kph<br>kpu   | Moment of impact<br>Oomblik van botsing  |                          | kph<br>kpu          |
|  | (a) Weather conditions<br>(b) Visibility  | (a)  |  | (b)  |                          |                     |
|  | (a) Road surface<br>(b) Width of road   | (a)  |  | (b)  |                          |                     |
|  | (a) Which vehicle lights were on?<br>(b) Street lighting  | (a)  |  | (b)  |                          |                     |
|  | Was any warning given by you, e.g. hooting, indicators, etc?  |  |  | Is enige waarskuwing deur u gegee. bv. toeter, flikkerlig ens?   |                          |                     |
|  | Police details  | Name of Police/Traffic officer who recorded details of accident<br>Naam van Polisie/Verkeersbeampte wat besonderhede van ongeluk geneem het. | Police station and reference number.<br>Polisiestasie en verwysingsnommer. |  |                          | Polisiebesonderhede |
|  | Was driver tested for alcohol or drugs?   |  |  | Is bestuurder getoets vir alkohol of dwelmiddels?  |                          |                     |
|  | DESCRIPTION OF ACCIDENT   |  |  | BESKRYWING VAN ONGELUK   |                          |                     |
|  | SKETCH OF ACCIDENT<br>(If necessary use separate page)<br><br>Please show clearly the point of impact and indicate the direction of travel by arrows.<br>Give details of any road safety signs or warning signs in vicinity of scene of accident.   |  |  | SKETS VAN ONGELUK<br>(Indien nodig heg aparte sketsplan aan)<br><br>Dui asseblief die plek van botsing duidelik aan en gebruik pyltjies om die rigting waarin gereis is, aan te toon.<br><br>Gee besonderhede van enige padveiligheidstekens of waarskuwingstekens in die omgewing van die ongelukstoneel. |                          |                     |
| <b>PAYMENT METHOD</b>  | You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.<br>U kan, vir addisionele beveiliging, kies dat enige bedrag wat aan u verskuldig is direk in 'n bankrekening inbetaal word. Verstrek asseblief die naam van die bank, die tak, die rekeningnaam en rekeningnommer. |  |  |  | <b>UITBETALING KEUSE</b> |                     |
|  | Name of Bank<br>Naam van Bank   | Branch<br>Tak  |  |  |                          |                     |
|  | Name of Account<br>Rekeningnaam   | Account Number<br>Rekeningnommer   |  |  |                          |                     |
| <b>LICENCE INSPECTED</b>   | I have inspected the driver's licence and it is free of endorsements/endorsed as shown. / Ek het die bestuurder se rybewys nagegaan en dit is nie geëndosseer nie/is geëndosseer soos aangedui.   |  |  |  | <b>RYBEWYS NAGEGAAN</b>  |                     |
|  | Signature / Handtekening  |  | Capacity / Hoedanigheid  |  |                          |                     |
| <b>DECLARATION</b>   | We hereby declare the foregoing particulars to be true in every respect. / Ons verklaar hiermee dat die voorafgaande besonderhede in alle opsig waar is.  |  |  |  | <b>VERKLARING</b>        |                     |
|  | Signature of Driver / Bestuurder se Handtekening  |  | Date / Datum   |  |                          |                     |
|  | Signature of Insured / Versekerde se Handtekening   | Capacity / Hoedanigheid  | Date / Datum   |  |                          |                     |
| <b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.<br/>         L.W. DIT IS BELANGRIK DAT U DIE VERSEKERAARS ONMIDDELIK IN KENNIS STEL SODRA U BEWYS WORD VAN ENIGE VERVOLGING, NADOODSE ONDERSOEK OF EIS.</b> |   |  |  |  |                          |                     |