MOTOR VEHICLE CLAIM FORM

MERX HCV
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Merx HCV is an authorised financial services provider

On behalf of
MUTUAL & FEDERAL
Authorised Financial Services Provider
A Member of the OLD MUTUAL Group

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 vehicle was purchased by you/your company? / /

INSURED VEHICLE

Make | Model

ftp://www.bbprojects.co.za/

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

ACCIDENT DETAILS (continued)

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; 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	