



MOTOR VEHICLE OWN DAMAGE CLAIM FORM

2 Hood Avenue, 2nd Floor, Suite 11
 Rosebank, 2196
 Tel: 27 11 214 7640 Fax: 086 664 5897
 Email: admin@oums.co.za

ALL APPLICABLE SECTIONS MUST BE COMPLETED

1. THE INSURED

Broker		Policy Number	
Full Names			
Tel Number		ID Number	
Address (Physical)		Address (Postal)	

2. THE DRIVER AT THE TIME OF THE ACCIDENT

Full Names							
Tel Number				ID Number			
Address							
Driver's Licence Code		Driver's Licence No.			Date Issued		
Any physical defects?					Full/ learner's		
Was he/she driving with your permission?	Yes		No		Was he/she in your employ?	Y	N
Was the driver sober?	Yes		No		Was a blood sample taken after the accident?	Yes	No
					If yes what was the result?		

3. THE VEHICLE

Make & Model		Registration No.			Year of manufacture		
Value		KM'S Completed			Gross Vehicle Mass		
Is vehicle insured under any other policy?	Yes		No		If Yes give details		
Name and address of registered owner							
Is vehicle under hire-purchase?	Yes		No		Finance House		Account No.
Is there damage to insured vehicle?	Yes		No		If Yes give details		
Repairer's Name			Contact No.			Estimate for repairs R	
Was instruction for repairs given	Yes		No		If Yes by whom?		
Address where the vehicle may be seen							
Was the vehicle Towed?	Yes		No		If Yes provide details		

4. THE ACCIDENT

Date		Time		Place	
Speed Before Accident			Speed at moment of impact		
Weather conditions			Visibility		
Road surface			Width of the road		
Which vehicle lights were on			Street lighting		
Was any warning given by you e.g. hooting, indicating etc.?					
If the accident occurred outside the borders of South Africa, please mention in which country					
Police station/Traffic Department where accident was reported					
Police/Traffic Department reference number					
For what purpose was the vehicle being used at the time of the accident?					



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SHORT DESCRIPTION OF ACCIDENT

(If necessary use separate page)

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Signature of driver: Date:

5. THIRD PARTY DETAILS

Table with 2 columns: Question, Yes, No

FULL DETAILS OF OTHER VEHICLES INVOLVED IN THE ACCIDENT

Table with 5 columns: Full Names & Address, Vehicle Make & Model, Registration No., Contact No., Description of damage

PROPERTY OTHER THAN VEHICLES

Table with 2 columns: Name and address of owner, Description of damages

Were there any passengers in your vehicle at the time of the accident? If YES did they sustain any injuries?

SKETCH OF ACCIDENT

(If necessary use separate page)

Please show clearly the point of impact and indicate the direction of travel by arrows. Also give details of any road safety signs or warning signs in vicinity of scene of accident.

[Large empty box for sketch]

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 any assistance in my power in dealing with the matter.

Signature..... Capacity..... Date.....