



Coresure Brokers

Authorised Financial Service Provider FSP 47321

MOTORVOERTUIG EIE SKADE EISVORMS MOTOR VEHICLE OWN DAMAGE CLAIM FORM

POLISNOMMER POLICY NUMBER [] EISNOMMER 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 (H) [] Poskode/Postcode []

Telefoonnr. Telephone no.: (W) [] (H) [] Selnr./Cell no. []

Bestuurderslisensie: Kode Driver's Licence: Code [] Datum uitgereik: Date issued: [] Beperkings: Limitations: [] Vol/Leerling Full/Learner's []

Was die bestuurder nugter? Was the driver sober? JA YES [] NEE NO []

Is 'n bloedmonster 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 LICENSE TO BE ATTACHED
APSKRIF VAN RYBEWYS MOET AANGEHEG WORD

3. DIE VOERTUIG / THE VEHICLE

Fabrikaat Make [] Jaar van vervaardiger 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 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 questions 4.1 or 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