



Landbou Beperk  
Agriculture Limited

MOTORONGELUK -EISVORM  
(Skrap afdelings nie van toepassing)  
MOTOR ACCIDENT CLAIM FORM  
(Delete sections not applicable)

|                                  |   |   |   |  |  |  |  |   |   |                                   |          |                  |         |
|----------------------------------|---|---|---|--|--|--|--|---|---|-----------------------------------|----------|------------------|---------|
| INSURER<br>VERSEKERAAR           |   |   |   |  |  |  |  | Policy No.<br>Polisnr.  |   |                                   |          |                  |         |
| INSURED                          | Name and Occupation   |   |   |  |  |  |  | Naam en Beroep  |   | VERSEKERDE                        |          |                  |         |
|                                  | Identity Number<br>Identiteitsnommer  |   |   |  |  |  |  | VAT Registration No.<br>BTW Registrasiernr.   |   |                                   |          |                  |         |
|                                  | Address and (Day) Phone no.   |   |   |  |  |  |  | Adres en (Dag) Telefoonnr.  |   |                                   |          |                  |         |
| VEHICLE                          | Details   | Make/Fabrikaat                                      | Tare/Tarra  | Grass. Veh. Mass/Bruto Voerf. Massa  | Kilometres completed                           | Kilometers afgeleë                     | Besonderhede   |   |   | VOERTUIG                          |          |                  |         |
|                                  | If vehicle subject to Hire Purchase, Credit or Leasing Agreement, state name and address of Finance Company | Registration/Registrasie                            | Value/Waarde  | Model and Year/Model en Jaar   | Date of Purchas and price paid                 | Datum van aankoop en bedrag betaal     | Indien voertuig onder Huurkoop, Krediet - of Bruikhuur ooreenkoms is, meld naam en adres van Finansieringsmaatskappy |   |   |                                   |          |                  |         |
|                                  | 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  |   | SKADE                             |          |                  |         |
|                                  | Estimate for repairs or attach quotation  |   |   |  |  |  |  | Beraamde herstelkoste of heg kwotasie aan   |   |                                   |          |                  |         |
|                                  | Repairer's name, address and telephone number   |   |   |  |  |  |  | Hersteller se naam, adres en telefoonnummer   |   |                                   |          |                  |         |
|                                  | Where can your damaged vehicle be inspected?  |   |   |  |  |  |  | Waar kan u beskadigde voertuig ondersoek word?  |   |                                   |          |                  |         |
| DRIVER                           | Full Name   |   |   |  |  |  |  | Volle Naam  |   | BESTUURDER                        |          |                  |         |
|                                  | Address   |   |   |  |  |  |  | Adres   |   |                                   |          |                  |         |
|                                  | Occupation  |   |   |  |  |  |  | Beroep  |   |                                   |          |                  |         |
|                                  | Identity Number   |   |   |  |  |  |  | Identiteitsnommer   |   |                                   |          |                  |         |
|                                  | Driving Licence   | No.   | Nr.   | Date   | Datum  | Place                                  | Plek   | Code  | Kode  |                                   | Full/Vol | Learner/Leerling | Rybewys |
|                                  | State fully the purpose for which the vehicle was being used  |   |   |  |  |  |  | Meld volledig die doel waarvoor die voertuig gebruik is.  |   |                                   |          |                  |         |
|                                  | Was he/she driving with your permission?  |   |   |  |  |  |  | Het sy/hy met u toestemming bestuur?  |   |                                   |          |                  |         |
|                                  | Was he/she in your employ?  |   |   |  |  |  |  | Was hy/sy in u diens?   |   |                                   |          |                  |         |
|                                  | Is he/she owner of another vehicle? If yes, give name of Insurer and policy number                          |   |   |  |  |  |  | Is hy/sy die eienaar van 'n ander voertuig? Indien ja, meld naam van Versekeraar en polisnummer |   |                                   |          |                  |         |
|                                  | Details of any convictions for motoring offences  |   |   |  |  |  |  | Besonderhede van enige veroordelings weens motorry - oortredings                                |   |                                   |          |                  |         |
| Has licence ever been endorsed?  |   |   |   |  |  |  | Is rybewys ooit geendosseer?   |   |   |                                   |          |                  |         |
| Has he/she any physical defects? |   |   |   |  |  |  | Ly hy/sy aan enige liggaamlike gebreke?  |   |   |                                   |          |                  |         |
| Details of previous accidents    |   |   |   |  |  |  | Besonderhede van vorige ongelukke  |   |   |                                   |          |                  |         |
| PASSANGERS (Insured Vehicle)     |   | Name/ Naam  | Address / Adres   |  |  | Injury / Besering                      |  | PASSASIERE (versekerde Voertuig)  |   |                                   |          |                  |         |
|                                  | PASSANGERS INSURED VEHICLE  |   |   |  |  |  |  |   |   |                                   |          |                  |         |
|                                  | For what purpose were they carried?   |   |   |  |  |  |  |   |   | Met watter doel is hulle vervoer? |          |                  |         |
|                                  | Are they employees?   |   |   |  |  |  |  | Is hulle werknemers?  |   |                                   |          |                  |         |
| OTHER PARTY                      | OTHER VEHICLES  | Registration No. Registrasiernr.                    | Make Fabrikaat  | Name and Address of Owner and Driver Naam en Adres van Eienaar en Bestuurder |  | Details of damage Beskrywing van skade |  | ANDER VOERTUIE  |   |                                   |          |                  |         |
|                                  | PROPERTY OTHER THAN VEHICLES  | Name and Address of Owner Naam en adres van Eienaar |   |  | Details of damage Besonderhede van skade       |  |  | EENDOM UITGESONDERD VOERTUIE  |   |                                   |          |                  |         |
|                                  | 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, Passasjer ens. |  | Details of Injuries Besonderhede van Beserings |  | Name of Hospital if applicable Naam van Hospitaal indien van toepassing  |   | PERSOONLIKE BESERINGS (UITGESONDERD DIE IN VERSEKERDE VOERTUIE) |                                   |          |                  |         |

|  |   |  |  |   |   |         |  |
|--|---|--|--|---|---|---------|--|
| WITNESSES  | Name, Address and Phone No.   |  |  |   | Naam, Adres en Telefoonnr.                                    | GETUIES |  |
|  | Name, Address and Phone No.   |  |  |   | Naam, Adres en Telefoonnr.                                    |         |  |
| ACCIDENT   | Date, Time, Place   |  |  |   | Datum, Tyd, Plek  | ONGELUK |  |
|  | Speed   | Before accident<br>Voor ongeluk  | kph<br>kpu   | Moment of impact<br>Oomblik van botsing                                       | kph<br>kpu  |         | Spoed  |
|  | a) Weather conditions<br>b) Visibility  | a)   |  | b)  |   |         | a) Weersomstandighede<br>b) Sigbaarheid                |
|  | a) Road surface<br>b) Width of Road   | a)   |  | b)  |   |         | a) Padoppervlak<br>b) Breedte van pad                  |
|  | a) Which vehicle lights were on?<br>b) Street lightning   | a)   |  | b)  |   |         | a) Watter voertuigligte was aan?<br>b) Straatbeligting |
|  | Was any warning given by you, e.g. hooting, indicator etc?  |  |  |   | Is enige waarskuwing deur u gegee bv. toeter, flikkerlig ens? |         |  |
|  | Police Details  | Name of Police/Traffic Officer who recorded details of Accident /Naam van Polisie -/Verkeersbeampte wat besonderhede van ongeluk geneem het  | Police Station and Reference No./Polisiestasie en verwysingsnr   |   | Polisiebesonderhede   |         |  |
|  | Was driver tested for Alcohol or drugs?   |  |  |   | Is bestuurder getoets vir Alkohol of Dwelmmiddels?            |         |  |
|  | DESCRIPTION OF ACCIDENT   |  |  |   | BESKRYWING VAN ONGELUK  |         |  |
|  | SKETCH OF ACCIDENT<br>(if necessary use separate page)  | 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 | Dui asb die plek van botsing duidelik aan en gebruik pyltjies om die rigting waarin gereis is, aan te toon. Gee besonderhede van enige padveiligheidstekens of waarskuwingstekens in die omgewing van die ongelukstoneel |   | SKETS VAN ONGELUK<br>(indien nodig heg aparte sketsplan aan)  |         |  |
| LICENCE INSPECTED  | I have inspected the driver's licence and it is free of endorsements/endorsed as shown.<br>Ek het die bestuurder se rybewys nagegaan en dit is nie geëndosseer nie/is geëndosseer soos aangedui.<br><br>Please attach copies of driver's licence and page 1 of driver's identity document.<br>Heg asseblief afskrifte van die bestuurderslisensie en bladsy 1 van die identiteitsdokument hierby aan. |  |  | Signature<br>Handtekening _____<br><br>Capacity<br>Hoedanigheid _____         | RYBEWYS NAGEGAAN  |         |  |
| DECLARATION  | We hereby declare the foregoing particulars to be true in every respect.  |  |  | Ons verklaar hiermee dat die voorafgaande besonderhede in elke opsig waar is. |   |         |  |
|  | Signature of Driver<br>Bestuurder se Handtekening _____   |  |  | Date<br>Datum _____   |   |         |  |
|  | Signature of Insured<br>Handtekening van Versekerde _____   | Capacity<br>Hoedanigheid _____   | Date<br>Datum _____  |   |   |         |  |
| <p>N.B. 1 IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND.<br/>DIT IS BELANGRIK DAT U DIE VERSEKERAARS ONMIDDELIK IN KENNIS STEL SODRA U BEWUS WORD VAN ENIGE VERVOLGINGS, NADOODSE ONDERSOEK OF EIS.</p> <p>N.B. 2 ANY PERSONAL INJURIES NOTED OVERLEAF MUST BE REPORTED SEPARATELY TO THE MULTILATERAL MOTOR VEHICLE ACCIDENTS FUND WITHOUT DELAY.<br/>ENIGE PERSOONLIKE BESERINGS WAT OP DIE KEERSY VERMELD WORD MOET ONMIDDELIK EN AFSONDERLIK AAN DIE MULTILATERALE MOTORVOERTUIG ONGELUKFONDS GERAPPORTEER WORD.</p> |   |  |  |   |   |         |  |