



Fergus McNamara

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Authorised Financial Services Provider - FSP NO: 20816

Motor Plant Accident/Loss Claim Form 01

Fill in application form

A. Contact Details

Tel Number

Fax Number

Email

B. Insured Details

Name of Insured

Address

City

Province

Country

Area Code

Occupation

Telephone No

Identity No

VAT Number

C. Finance Company

Name

Address

City

Province

zip/Postal code

Country

Account Number

Motor Plant Accident/Loss Claim Form 01 Continue

D. Vehicle

If vehicle subject to Hire purchase, Credit or leasing Agreement, state the following of Finance Company

Make	Tare
Gross veh. mass	Kilometers completed
Registration No.	Value
Model	Year
Date of purchase	Price paid

E. Registered Owner

Name
 Identity no
 Damage to own vehicle
 Estimate for repairs or attach quote

F. Repairer's Details

Repairer's name
 Address
 City
 Province
 Country
 Area Code
 Tel No
 Where can your damaged vehicle be inspected?

G. Driver Details

Full Name
 Address
 City
 Province
 Zip/Postal
 Country

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Driving licence detail

Number

Date

Place

Code

Licence Type Full Learners

State fully the purpose for which the vehicle was being used

Has licence ever been endorsed? Yes No

Has he/she any physical defects? Yes No

Details of previous accidents?

H. Passengers in insured vehicle

Name	Address	Injury

Are they employees? Yes No

Other Party: Personal Injuries (other than in Insured Vehicle)

Name	Relationship to accident e.g. driver, passenger etc.	Name of Hospital if applicable	Injury

This accident must be reported to the Multilateral Motor Vehicle Fund using the special accident report form (MMF3) 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 P O Box 2743, PRETORIA 0001.



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Other vehicle

Registration No

Make

Damage

Name of Owner/Driver

Address

City

Province

Country

Area Code

I. Property other than vehicles

Name of Owner/Driver

Address

City

Province

Country

Area Code

Details of damage

L. Declaration

By completing and submitting form you declare the forgoing particulars to be true in every respect

Form Completed by

Date

Signature of Driver:

Date

Signature of Insured:

Date