



**VOLLEDIGE BESKRYWING VAN DIE ONGELUK / FULL DESCRIPTION OF THE ACCIDENT**

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**SKETSPLAN VAN DIE ONGELUK / SKETCH PLAN OF THE ACCIDENT**

Met u voertuig aangedui as X en die ander party / partye aangedui as A, B of C soos per DEEL D, dui asb. die volgende in die skets aan.  
With your vehicle shown as X and the other party / parties shown as A, B or C as per SECTION D, please show the following in the drawing.

- (a) Posisie van betrokke voertuie en persone voor en na die ongeluk en rigting waarin hulle gery het.  
Position of vehicles and persons involved before and after the accident and direction in which they were travelling.
- (b) Punt van botsing / Point of impact.

DEEL / SECTION D

BESONDERHEDE VAN ANDER PARTYE BETROKKE / PARTICULARS OF OTHER PARTIES INVOLVED

**A** 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 .....  
 Besonderhede van voertuig Particulars of vehicle ..... Maak Make ..... Reg. No. ....  
 Beskrywing van skade Description of damage .....  
 Is die ander party verseker? Is other party insured?  JA YES  NEE NO  Indien Ja, meld die maatskappy se naam en polisnommer hieronder If Yes, mention the company's name and policy number below  
 Naam/Name: .....  
 Polisnommer/Policy number: .....

**B** 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 .....  
 Besonderhede van voertuig Particulars of vehicle ..... Maak Make ..... Reg. No. ....  
 Beskrywing van skade Description of damage .....  
 Is die ander party verseker? Is other party insured?  JA YES  NEE NO  Indien Ja, meld die maatskappy se naam en polisnommer hieronder If Yes, mention the company's name and policy number below  
 Naam/Name: .....  
 Polisnommer/Policy number: .....

**C** 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 .....  
 Besonderhede van voertuig Particulars of vehicle ..... Maak Make ..... Reg. No. ....  
 Beskrywing van skade Description of damage .....  
 Is die ander party verseker? Is the other party insured?  JA YES  NEE NO  Indien Ja, meld die maatskappy se naam en polisnommer hieronder If Yes, mention the company's name and policy number below  
 Naam/Name: .....  
 Polisnommer/Policy number: .....

Indien u vermoed of weet dat 'n party hierbo sy/haar werkgewer se voertuig bestuur het, verskaf asb. die volgende inligting  
If you suspect or know that a party above was driving his/her employer's vehicle, please furnish the following information

Naam van werkgewer Name of employer .....  
 Besigheidadres Business address .....

**DEEL / SECTION E**  
**BESONDERHEDE VAN BESEERDE PASSASIER / PARTICULARS OF INJURED PASSENGERS**

(a) Naam/Name: .....

Adres/Address: .....

Telefoonnommer/Telephone number: (H) ..... (W) .....

Besonderhede van besering/Particulars of injury: .....

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Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger .....

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger .....

(b) Naam/Name: .....

Adres/Address: .....

Telefoonnommer/Telephone number: (H) ..... (W) .....

Besonderhede van besering/Particulars of injury: .....

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Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger .....

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger .....

(c) Naam/Name: .....

Adres/Address: .....

Telefoonnommer/Telephone number: (H) ..... (W) .....

Besonderhede van besering/Particulars of injury: .....

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Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger .....

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger .....

(d) Naam/Name: .....

Adres/Address: .....

Telefoonnommer/Telephone number: (H) ..... (W) .....

Besonderhede van besering/Particulars of injury: .....

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Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger .....

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger .....

(e) Naam/Name: .....

Adres/Address: .....

Telefoonnommer/Telephone number: (H) ..... (W) .....

Besonderhede van besering/Particulars of injury: .....

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Verwantskap tussen versekerde en passasier  
Relationship between insured and passenger .....

Verwantskap tussen bestuurder en passasier  
Relationship between driver and passenger .....

**Vir watter doel is die passasier(s) vervoer? / For what purpose was/were the passenger(s) conveyed?**

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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 ..... HANDTEKENING VAN VERSEKERDE  
DATE ..... SIGNATURE OF INSURED .....

**DIE UITREIING VAN HIERDIE VORM IS NIE 'N ERKENNING VAN AANSPREEKLIKHEID NIE.**  
**THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY.**