

**CAR ACCIDENT FORM**

MyCar driver full name: \_\_\_\_\_

Address \_\_\_\_\_

Passport /ID number \_\_\_\_\_

Driver's Licence number \_\_\_\_\_

Date of first issue of the Driving license (DD/MM/YYYY) \_\_\_\_\_

Phone number \_\_\_\_\_

Email address: \_\_\_\_\_

Car make, model, states plates number \_\_\_\_\_

Registration no. \_\_\_\_\_

Car mileage on the day of the car accident \_\_\_\_\_

**PERSONS INJURED IN INSURED VEHICLE**

(Please remember to advise the Road Accident Fund)

Name Driver or Passenger Details of injuries Name of hospital if applicable

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**THIRD PARTY INJURIES**

(Persons injured other than in the Insured Vehicle)

Name Driver/Passenger or pedestrian

Details of injuries Name of hospital if applicable

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**THIRD PARTY INFORMATION/VEHICLE OR PROPERTY DAMAGE**

(This is compulsory for recovery purposes)

VEHICLE 1 Make and model Year Registration no. \_\_\_\_\_

Name of driver Name of owner \_\_\_\_\_  
Owner's address Contact no. \_\_\_\_\_  
Insurance Details \_\_\_\_\_  
Policy no. Insurance company \_\_\_\_\_  
Contact no. Contact person \_\_\_\_\_

**DAMAGE TO PROPERTY (NON-MOTOR)**

Name of Owner Address of Owner Details of Damage

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**WITNESSES**

(This section is compulsory for recovery purposes)  
Name Address Contact Details Passenger (YES/NO)

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**ACCIDENT DETAILS DAMAGE**

Area of damage to own vehicle \_\_\_\_\_

Date of accident (DD/MM/YYYY) Time of accident (hh:mm) \_\_\_\_\_

Physical address where accident occurred \_\_\_\_\_

Speed: \_\_\_\_\_

Before accident \_\_\_\_\_

Moment of impact \_\_\_\_\_

Conditions: (please mark)

Weather WET DRY \_\_\_\_\_

Visibility GOOD POOR \_\_\_\_\_

Road surface TAR DIRT \_\_\_\_\_

Width of road SINGLE MULTIPLE \_\_\_\_\_

Street lighting YES NO \_\_\_\_\_

Police details: \_\_\_\_\_

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Did the police attend the scene YES NO \_\_\_\_\_

Name of police/traffic officer who recorded details of accident \_\_\_\_\_

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Police station Reference no. \_\_\_\_\_

Date reported to the police \_\_\_\_\_

Was the driver tested for alcohol/drugs YES NO \_\_\_\_\_

Full description of accident

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Sketch of accident

Do you require a replacement vehicle? \_\_\_\_\_

If yes, select your preference \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

