police, roads & transport
Department of
Police, Roads and Transport
FREE STATE PROVINCE

CLAIM FOR DAMAGES TO MOTOR VEHICLE

CLAIMANT'S PARTICULARS

Title: .....

Initials and Surname: .....

Address.....

.....

Telephone number:.....**Cell:**.....

Fax: .....

Road number: .....

Location of Accident: .....

Km Distance from nearest town: .....

Date: .....**Time:**.....

Photos Attached (Yes or No): .....

Vehicle Registration No: .....

Nature of Damages incurred: .....

.....

Amount of Claim:.....**Attached Invoice(Yes/ No) :**.....

Estimate the Speed at which you were travelling: .....

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Description of what transpired: .....

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THE FOLLOWING MUST ACCOMPANY THE CLAIM:

1. Sworn affidavit from the SAPS/Commissioner of Oaths and or SAPS Accident Report
2. Invoice if the vehicle is already repaired or
3. Three Quotations
4. Photos of the pothole (cause of damage) and land mark/environment or road number
5. Photos of damage to vehicle
6. Locality of accident must be thoroughly given
7. Road worthy certificate
8. Towing company's report if applicable
9. Insurance claim report if applicable
10. Tyre replacement report prior to accident

Signature of Claimant

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