

This form is accepted
Without prejudice or
Admitting liability.

**ETHEKWINI
MUNICIPALITY
GENERAL INSURANCE
FUND
P.O BOX 828
DURBAN, 4000**

Claim No.

A. DETAILS OF CLAIMANT

- 1. Name: _____
- 2. I.D No. : _____
- 3. Address: _____
- 4. Telephone No. : _____

B. MOTOR VEHICLE ACCIDENT (IF APPLICABLE)

- 1. Claimant's Vehicle Reg. No.: _____
- 2. Driver of Vehicle: _____
- 3. Municipal Vehicle Reg. No.: _____
- 5. Department : _____
- 6. To which Police.Station was the matter reported _____
- 7. Police Reference : _____

C DETAILS OF ACCIDENT /INCIDENT

- 1. Date and Time of Accident /Incident: _____
- 2. Place of Accident /incident: _____
- 3. Give names, addresses and telephone numbers of witnesses: _____

- 4. Details of Accident /Incident : _____
- 5. _____

D. SIGNATURE OF CLAIMANT :DATE.....