

Accident Forms for RAMLA accident report**1. Accident happens at :**

Date:	
Time:	
Village/Town	
Suburb	
Street/Place	
House No. / Ref. Building	
Postal Code	
Accident Report - AR No	
Police Station in charge	

Important

Important

2. Your Details**RAMLA client/member**

First Name:	Mr Ms
Name:	
Date of Birth:	
ID / Passport Number:	
Postal Address:	
Postal Code	
Physical Address:	
Postal Code	
Telephone Landline:	
Telephone work:	
Cell phone:	
E-mail or Telefax:	
Drivers Licence No:	
Drivers Licence Class:	
Drivers Licence Validation:	

Accident Forms for RAMLA accident report**3. Your Car Owners Details if different to above RAMLA client/member**

First Name:	<table><tr><td>Mr</td><td>Ms</td><td></td></tr></table>	Mr	Ms	
Mr	Ms			
Name:				
Date of Birth:				
ID / Passport Number:				
Postal Address:				
Postal Code				
Physical Address:				
Postal Code				
Telephone Landline:				
Telephone work:				
Cell phone:				
E-mail or Telefax:				
Drivers Licence No:				
Drivers Licence Class:				
Drivers Licence Validation:				

Accident Forms for RAMLA accident report**4. Your Car Details**

Reg. Number:

Make:

Type:

Year

Colour:

Mileage:

Insurance Company:

Policy Number:

Claim Number

Agent Name:

Telephone

Telefax

Email contact

Condition of your Car:

Excellent ☐

Good ☐

Regular ☐

Other ☐

Give a brief description if different, note valuable extras

Accident Forms for RAMLA accident report**5. Other Party - Car Drivers Details** (if more than one vehicle is involved
file this for each vehicle separately)

Name:	<table><tr><td>Mr</td><td>Ms</td><td></td></tr></table>	Mr	Ms	
Mr	Ms			
First Name:				
Date of Birth:				
ID / Passport Number:				
Telephone Landline:				
Telephone work:				
Cell phone:				
E-mail or Telefax:				

Postal Address:	
Postal Code	

Physical Address:	
Postal Code	

Other Cars Owners details: (if different from driver)

Name:	<table><tr><td>Mr</td><td>Ms</td><td></td></tr></table>	Mr	Ms	
Mr	Ms			
First Name:				
Date of Birth:				
ID / Passport Number:				
Telephone Landline:				
Telephone work:				
Cell phone:				
E-mail or Telefax:				

Accident Forms for RAMLA accident report

Postal Address:

Postal Code

Physical Address:

Postal Code

6. Business Vehicle Owners Details (just apply if the vehicle is used commercial)

Company Name:

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Name Business Owner:

Mr	Ms	
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Name Business Manager:

Mr	Ms	
----	----	--

Company Reg. Number:

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Telephone Landline:

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Telephone work:

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Cell phone:

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Telefax:

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E-mail

--

Postal Address:

Postal Code

Physical Address:

Postal Code

Accident Forms for RAMLA accident report7. **Other Party****Car Details :** (if more than one car involved, file this for all vehicles separately)

Reg. Number:

Make:

Type:

Year

Colour:

Mileage:

Insurance Company:

Policy Number:

Claim Number

Agent Name:

Mr	Ms	<input type="text"/>
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Telephone

Telefax

Email contact**Condition of the other Car:** Give a brief description if different, note valuable extras

Excellent

☐

Good

☐

Regular

☐

Other

☐

Accident Forms for RAMLA accident report**8. Witness Details :** (if more witness please attach details for all)

First Name:

Mr	Ms	
----	----	--

Name:

--

Date of Birth:

--

ID / Passport Number:

--

Postal Address:

--

Postal Code

--

Physical Address:

--

Postal Code

--

Telephone Landline:

--

Telephone work:

--

Cell phone:

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E-mail or Fax:

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Statement of what the witness is prepared to testify:

Accident Forms for RAMLA accident report

9. Brief Description of the Accident and draw a sketch :

Date:

Signature Victim:

Signature Witness:

Signature Driver:

Accident Forms for RAMLA accident report**10. Attaches to be submitted if available - Checklist:****Photographs:**

Complete accident at impact:

☐

Your vehicle:

☐

Scene of the wider accident

☐

Details of your Damage:

☐

Other Vehicles involved:

☐**Car that caused Accident:**☐Details of damage the car caused
the impact:☐

Driver of the car caused the impact

☐

Passengers of the other vehicles

☐

Witnesses:

☐

Complete scene:

☐

Police Officers:

☐**Documents:**

Copy of ID/Passport

☐

Copy of the drivers licence

☐

Vehicle Registration (not the licence)

☐

Insurance declaration (below)

☐

Repair Quotation/Damage Value

☐

Accident Forms for RAMLA accident report**Name / Nam**

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STATES UNDER OATH IN ENGLISH / VERKLAAR ONDER EED IN AFRIKAANS

I am an adult male / female of Years of age

Ek is 'n volwasse man / vrou van Jaar oud Id No.

Residing at / Woonagting te

.....

Tel (h) Cell

I am employed as a At

Tel (w)

I hereby declare, that my vehicle Reg.No. Make Type

Is not insured with third parties, to claim for accident damage compensation

.....

I know and understand the content of this statement.**I have no objections to taking the prescribed oath.****I consider the prescribed oath to be binding on my conscience.**.....
Date.....
Signature of Deponent

I certify that the above mentioned declaration was taken by me and that the deponent has acknowledged that she knows and understands the contents of this statement. This statement was sworn to before me and the deponent's signature was placed thereon my presence at

..... on

.....

COMMISSIONER OF OATH.....
Full Name

.....

RANK AND NUMBER