

ACCIDENT AND WITNESS REPORT

OTHER PARTY

Name:			
Address (Residential):		Address (Business):	
Telephone No:	(Residential)		(Business)
Name of employer (if app.):			
Telephone No:	(Employer)		

OTHER VEHICLE

Registration No:		Make:	
Brief description of damage:			

WITNESS

Name:			
Address (Residential):		Address (Business):	
Telephone No:	(Residential)		(Business)

Sketch of accident - see over

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 0861 682 467 (MUA INS)
 PHONE +27 21 525 6200 FAX +27 21 525 6300
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 Way & Century Avenue Century City
 POSTAL PO Box 84 Century City 7446

DBN
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 PHONE +27 31 275 8600 FAX +27 31 265 1719
 ADDRESS Viewz 11 The Boulevard Westway Office
 Park Westville 3630
 POSTAL PO Box 2725 Westway 3630

JHB
 0861 682 467 (MUA INS)
 PHONE +27 11 560 0600 FAX +27 11 327 1710
 ADDRESS MUA House 26 Sturdee Avenue
 Rosebank Johannesburg 2196
 POSTAL PO Box 131152 Bryanston 2021

Sketch of accident, including road signs, road names, position of robot and stop streets

