



THIRD-PARTY MOTOR INSURANCE CLAIM FORM

This form must be completed when a motor claim is lodged by a third party for an incident with a City of Cape Town (Council) vehicle. Completed forms must be submitted to:

Insurance Department

Ground Floor, Brackenfell Civic Centre,
Cnr Paradys Street and Old Paarl Road
Brackenfell
7560

or
Email: FIONA.HUGHES@capetown.gov.za

SECTION A: PERSONAL INFORMATION OF CLAIMANT

Full names of the injured or affected person

Identity number														
Physical address														
											Postal code			
Contact number											Cell			
Email														

SECTION B: PLACE, DATE AND TIME OF THE INCIDENT (include photographs of the scene and/or vehicles after the incident)

Location (street name)

Suburb					Date of incident	D	D	M	M	Y	Y	Y	Y
Registration number of Council vehicle					Time of incident								

SECTION C: FULL DESCRIPTION OF INCIDENT

SECTION D: WITNESS DETAILS (if available)

Name and surname			
Physical address			
		Postal code	
Contact number		Cell	
Email			
Relationship to claimant			

SECTION E: DOCUMENTATION REQUIRED

- ☐ Registration certificate of the vehicle to prove ownership (should you be claiming for damage to your motor vehicle)
- ☐ If vehicle/property is insured but insurance will not be used, a letter from your insurer stating this
- ☐ If the vehicle is not insured, a sworn affidavit to this effect
- ☐ Two quotations to quantify your damage

SECTION F: REASONS FOR HOLDING COUNCIL LIABLE FOR THE INCIDENT

SECTION G: SKETCH OF INCIDENT

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SECTION H: DECLARATION

I declare that all the required information has been provided and that all relevant documentation has been attached.

Signature of claimant

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Date

D	D	M	M	Y	Y	Y	Y
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