

**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

CPT  
 0861 682 467 (MUA INS)  
 PHONE +27 21 525 6200 FAX +27 21 525 6300  
 ADDRESS Block A & B Edison Square Cnr. Edison  
 Way & Century Avenue Century City  
 POSTAL PO Box 84 Century City 7446

DBN  
 0861 682 467 (MUA INS)  
 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

