



City of Johannesburg
Johannesburg Roads Agency

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South Africa
2017

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www.jra.org.za
www.joburg.org.za

CLAIM FORM
(Without Prejudice/ Admission of Liability)

Contact person : **Carol Ngubane/ Nomvula Bhengu**
Telephone no : **011 491-5734 /011 298 5168**
Email address : **claims@jra.org.za**

In addition to completing the claim form, kindly attach the following documents to your applicable damages:
(NB. Your claim is subject to approval by our Insurance Brokers on receipt of our investigator's report)

Vehicle Damage:

- 1) Copy of ID
- 2) Letter from insurance company confirming that the claim was not logged to own insurance/ Police Affidavit of non-insurance
- 3) 3 Repair/ Replacement Quotations of the Damages
- 4) Photos of the damages
- 5) Photos of the Pothole (If Applicable)
- 6) Copy of driver's license of the claimant
- 7) Copy of Vehicle registration certificate
- 8) Copy of the Purchase Invoice of the Original Damaged Tyre, in order for us to verify the age of the damaged Tyre
- 9) N.B. please retain the damaged tyres should inspection be required (if applicable)

Property Damage:

- 1) Copy of ID
- 2) Letter from insurance company confirming that the claim was not logged to own insurance/ Police Affidavit of non-insurance
- 3) 3 Repair/ Replacement Quotations of the Damages
- 4) Photos of the damages
- 5) Copy of your Municipal Bill
- 6) Damage report from an independent technician
- 7) Copy of the Purchase Invoices if household contents of the original damaged items, in order for us to confirm the age of the items
- 8) N.B. please retain the damaged items should inspection be required (if applicable)

Personal Injury:

- Copy of ID
- Doctors Report (Treatment Notes)
- Medical Invoices
- Police affidavit
- Photos of the cause of incident showing the surrounding area

Chairman: S Tshabalala,
Executive Directors: Managing Director - Vacant, G Mbatha - Chief Financial Officer
Non-Executive Directors: T Magerman, S Thunzi, A Torres, X Mnyani, T Kutumela, A Mokoena, L Mayedwa
Company Secretary: P Majola

Registration No. 2000/028993/07

Please only email or fax the form and do not do both as this only delays the process. If you do not receive acknowledgement of receipt within 3 days with a reference number, please contact our offices either via the claims@jra.org.za e mail or via telephone.

Please remember to sign the claim form and attach all required documents. Failure to do so will result in your claim being rejected.

Note: No claims will be processed if all required information is not submitted

claimant	Name			Naam	
	Email Address			E-pos adres	
	Address and phone no			Adres & tel nommer	
	Business or occupation			Ondermerring of beroep	
	Date and Time			Datum en Tyd	
	Exact location (e.g. Town, Street, Corner of, Opposite hospital etc)			Plek en straat waar voorval plass gevind het	
	Name of the suburb				
Witnesses	Name, Address & Tel No	1.	2.	Naam, adres en tel.nmr	Getuiers
Police	If reported to police, state which station and reference number			Indien by polisie aangemeld, meld betrokke kantoor en verwysings nommer	Polisie
P L	Name and			Naam en adres	E

	address of owner			van eenaar	
	Full Description of loss or damage			Vol Beskrywing van verlies of skade	
Personal Injuries Injuries	Name, address and age of injured persons	1.	2.	Naam, adres en ouderdom van beseerdes	Persoonlike beserings
	Details of injuries	1.	2.	Besonderhede van beserings	
Relationship	If any person named above is in your service, or your tenant, or related to you, give full details			Indien enige van die bogonoemde persone 'n werknemer, 'n huurder of 'n familielied is, meld besonderhede	Ver-wantekap
C	If a claim has			Indien 'n eis teen	E

	<p>been, or is being made against you, give details and attach any correspondence.</p>		<p>u ingestel is, of teen u ingestel word, meld besonderhede en heg alle korrespondensie aan.</p>	
<p>Description of incident</p>	<p>Describe exactly how the incident Occurred</p>		<p>Beskryf presies hoe die voorval plaas gevind het.</p>	

Beskrywing van voorval

Declaration	<p>..... I/We (ID No.....) declare that to the best of my/our knowledge the above statements are true.</p> <p>..... Ek/Ons (ID no.....) verklaar dat na my/ons beste wete die bostaande inligting waar is.</p> <p>_____ Date / Datum</p> <p>_____ Insured's Signature / Verskerede se handtekening</p> <p>Capacity / Hoedanighed</p> <p>.....</p>	Verklaring

Please take notice that receipt of your claim form by the JRA should not be construed as admission of liability. This claim form will be forwarded for investigation to the JRA Region responsible for the area where the alleged incident which gave rise to your claim occurred. Once the JRA investigation is complete (Approximately 8 weeks from receiving your claim form) your claim will be referred together with the JRA's investigation report to the JRA's insurance brokers for further assessment and/ or investigation. You will be notified by the JRA's insurance brokers about the outcomes of your claim.