



a world class African city



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

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, attach the following documents:

- 1.) Police affidavit
- 2.) Copy of driver's license of the claimant (in case of vehicle damage)
- 3.) Vehicle registration documents (in case of vehicle damage)
- 4.) Copy of ID
- 5.) Photos of the damage to the car (in case of vehicle damage)
- 6.) 3 Quotations or invoice/proof of pay
- 7.) Letter from insurance company confirming that the claim was not logged to own insurance/Affidavit of non-insurance.
- 8.) Doctors report if there is personal injury

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
	Place and streets where incident occurred		Plek en straat waar voorval plass gevind het
	Name of the suburb		
	Coordinates Recommended		

Chairman: J Manche,
Executive Directors: Dr. S Phillips - Managing Director, G Mbatha CA(SA) - Chief Financial Officer
Non-Executive Directors: P Govender, A Torres, N Msezane, E Ngomane, L Mashamaite, L Nxumalo, H Mashele.
Company Secretary: K Mills

Registration No. 2000/028993/07

Witnesses	Name, Address & Tel No	1.	2.	Naam, adres en tel.nmr	Getuies
Police	If reported to police, state which station and reference number			Indien by polisie aangemeld, meld betrokke kantoor en verywysings nommer	Polisie
Property Damage	Name and address of owner			Naam en adres van eienaar	Eiendomskade
	Full Description of loss or damage			Vol Beskrywing van verlies of skade	
Personal 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	
Relations	If any person named above is in your service,			Indien enige van die bogonoemde persone 'n	Ver-want

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 took place. Once the JRA investigation is complete 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.

Please take notice that it will take approximately a period of 8 weeks to finalise your claim.

