



City of Johannesburg  
Johannesburg Roads Agency

66 Pixley Ka Isaka Seme Street  
Cnr. Rahima Moosa Street  
Johannesburg  
2001

P/Bag X70  
Braamfontein  
South Africa  
2017

Tel +27(0) 11 298 5000  
Fax +27(0) 11 298 5178  
[www.jra.org.za](http://www.jra.org.za)  
[www.joburg.org.za](http://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](mailto: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 the Motor Vehicle License Certificate
- 8) Copy of Vehicle Registration Certificate
- 9) Copy of the Purchase Invoice of the Original Damaged Tyre, for us to verify the age of the damaged Tyre
- 10) Police affidavit
- 11) 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) Police affidavit
- 9) N.B. please retain the damaged items should inspection be required (if applicable)

**Personal Injury:**

- Copy of ID

Chairman: S Tshabalala,  
Executive Directors: Managing Director - G Mbatha, Chief Financial Officer - Vacant  
Non-Executive Directors: A Torres, T Kutumela, A Mokoena, L Mayedwa, O Mekwa, T Hlatshwayo, S Nkadimeng, M Malungana  
Company Secretary: P Majola

Registration No. 2000/028993/30

- Doctors Report (Treatment Notes)
- Medical Invoices
- Police affidavit

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](mailto: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**

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

	which station and reference number			betrokke kantoor en verywysings nommer	
Property Damage	Name and address of owner			Naam en adres van eienaar	Eiendomskaide
	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 familielid 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><b>Description of incident</b></p>	<p>Describe exactly how the incident Occurred</p>		<p>Beskryf presies hoe die voorval plaas gevind het.</p>	

**Beskrywing van voorval**

<b>Declaration</b>	<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>	<b>Verklaring</b>

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.



