

MOTOR ACCIDENT CLAIM FORM

Every question must be answered fully (can be answered in English or Afrikaans). The abbreviation N/A should be used where the question is not applicable. The Company does not admit liability by the issue of this form.



On Behalf of Zurich Insurance Company South Africa Limited
 Registration Number Registration Number 1965/006764/06
 VAT Reg No 4530103581

INSURED		BROKER	
ADDRESS		POLICY NUMBER	
		TELEPHONE NUMBER	
		EMAIL ADDRESS	

VEHICLE

MAKE		MODEL		YEAR		REGISTRATION	
GROSS VEHICLE MASS		CURRENT VALUE		DATE OF PURCHASE AND PRICE PAID		R	
COLOUR		ENGINE / VIN NUMBER		KILOMETRES			
FINANCE COMPANY		TYPE OF AGREEMENT		AMOUNT OWING		R	
IN WHOSE NAME IS THE VEHICLE REGISTERED? (PLEASE ATTACH REGISTRATION CERTIFICATES)							

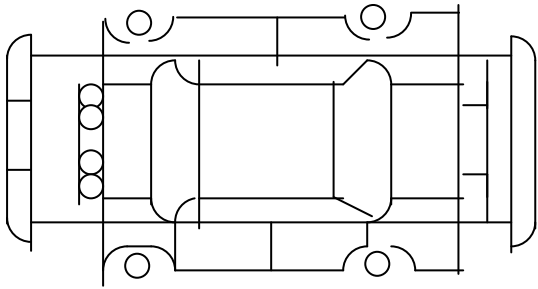
DAMAGE

DAMAGE TO OWN VEHICLE	
ESTIMATE FOR REPAIR OR ATTACH QUOTATION	
REPAIRERS NAME ADDRESS AND TELEPHONE NUMBER, EMAIL ADDRESS AND FAX NUMBER	
WHERE CAN YOUR DAMAGED VEHICLE BE INSPECTED?	

DRIVER

FULL NAME		DATE OF BIRTH	
OCCUPATION		TEL NO.	()
ADDRESS			
DRIVING LICENCE (PLEASE SUPPLY A COPY)	NUMBER	DATE FIRST OBTAINED	PLACE
			CODE
			FULL <input type="checkbox"/> LEARNER <input type="checkbox"/>
STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED		WAS HE/SHE DRIVING WITH YOUR PERMISSION	YES <input type="checkbox"/> NO <input type="checkbox"/>
HAS HE/SHE ANY MOTOR INSURANCE ON HIS/HER VEHICLE? IF YES, GIVE POLICY NUMBER AND NAME OF COMPANY.	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DETAILS OF ANY CONVICTION FOR MOTORING OFFENCES?			
IF YES, HAS LICENCE EVER BEEN ENDORSED?	YES <input type="checkbox"/> NO <input type="checkbox"/>	DOES HE/SHE HAVE ANY PHYSICAL DEFECTS?	YES <input type="checkbox"/> NO <input type="checkbox"/>

IF YES, PLEASE SUPPLY DETAILS					
DETAILS OF PREVIOUS ACCIDENTS					
OTHER PARTIES					
PASSENGERS IN INSURED VEHICLE	NAME		ADDRESS		INJURY
FOR WHAT PURPOSE WERE THEY CARRIED?		ARE THEY EMPLOYEES?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
OTHER VEHICLES INVOLVED					
REGISTRATION	MAKE/MODEL	COLOUR	NAME AND ADDRESS OF OWNER AND DRIVER		DETAILS OF DAMAGE
DAMAGE TO PROPERTY OTHER THAN VEHICLES					
NAME AND ADDRESS OF OWNER				DETAILS OF DAMAGE	
PERSONAL INJURIES (OTHER THAN IN THE INSURED VEHICLE) FOR INFORMATION PURPOSES ONLY					
NAME OF INJURED	RELATIONSHIP TO INSURED (E.G. DRIVER)	DETAILS OF INJURIES			NAME OF HOSPITAL (IF APPLICABLE)
WITNESSES					
WITNESS 1	NAME		PHONE NUMBER		
	ADDRESS		EMAIL ADDRESS		
WITNESS 2	NAME		PHONE NUMBER		
	ADDRESS		EMAIL ADDRESS		
ACCIDENT DETAILS					
DATE		TIME	<input type="checkbox"/> AM <input type="checkbox"/> PM	PLACE	
SPEED BEFORE ACCIDENT			kph	SPEED AT MOMENT OF IMPACT	
				kph	
WEATHER CONDITIONS			VISIBILITY		

ROAD SURFACE		WIDTH OF ROAD		VEHICLE LIGHTS ON?	YES <input type="checkbox"/> NO <input type="checkbox"/>	STREET LIGHTING?	YES <input type="checkbox"/> NO <input type="checkbox"/>
WAS ANY WARNING GIVEN BY YOU (E.G. HOOTING, INDICATOR)		YES <input type="checkbox"/> NO <input type="checkbox"/>	(If yes give specifics)				
POLICE DETAILS		NAME OF POLICE OR TRAFFIC OFFICER	POLICE STATION	REFERENCE NO.			
WAS DRIVER TESTED FOR ALCOHOL OR DRUGS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	RESULT OF TEST				
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ACCIDENT							
PLEASE INDICATE THE AREA OF DAMAGE ON YOUR VEHICLE WITH AN 'X'	<div style="text-align: center;">  </div>						
SKETCH OF ACCIDENT PLEASE SHOW CLEARLY THE POINT OF IMPACT AND INDICATE THE DIRECTION OF TRAVEL BY ARROWS. GIVE DETAILS OF ANY ROAD SAFETY SIGNS OR WARNING SIGNS IN THE VICINITY OF THE SCENE							

ANY ADDITIONAL INFORMATION

DECLARATION

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

SIGNATURE of driver Date

SIGNATURE of Insured Date

NB: It is important that you notify the insurer immediately you become aware of any impending prosecution, inquest or claim.