

## MOTOR ACCIDENT CLAIM FORM

(Cancel Sections Not Applicable. Do Not Leave Blank)

### GENERAL INFORMATION

<b>INSURED</b>	Name				
	Contact E-mail address				
<b>VEHICLE</b>	Registration no.	Make	Gross Vehicle Mass	Date purchased	Value
	Engine No.	Chassis No	Color of vehicle		
	Model	Year	Finance Company		
<b>DRIVER</b>	Full name				
	Address				
	Contact No.				
	Date of birth				
	Driver's license No	License Date Issued	Place Issued	License Code	License Full / Learners
	State fully, the purpose for which the vehicle was being used.				
	Was he/she driving with your permission?				
	Was he/she in your employ?				
	Details of any convictions for motor offences				
	Has license ever been endorsed?				
	Does he/she have any physical defects?				
Details of previous accidents					
What incident has occurred?		<input type="checkbox"/> Accident	<input type="checkbox"/> Theft		

### THEFT

<b>THEFT</b>	Theft Type:				
	Date of theft	Time of theft			
	Place of theft				
	Was the vehicle left locked?				
	Who was in possession of the keys				
	Police station	Police reference No			
	If accessories stolen provide full details:				

## ACCIDENT

<b>ACCIDENT DETAILS</b>	<b>Description of accident</b>				
	Date	Time	Place:		
	Speed	Before accident	kph	Moment of impact	kph
	Weather conditions			Visibility	
	Road surface				
	Was any warning given by you, e.g., hooting, indicator etc.				
	Name of police / traffic officer who recorded accident details			Police station & reference no	
	Was the driver tested for alcohol or drugs?			Results of test	
	<b>Please attach a copy of the sketch of the accident</b> - Clearly show the point of impact & indicate the direction of travel by arrows - Give details of any road safety signs or warning signs in vicinity of scene of accident				
	Estimate for repairs to your vehicle				
	Quoted amount for repairs to your vehicle				
	Repairers name				
	Repairers contact number				
	<b>DAMAGE TO OTHER VEHICLE</b>	Estimate for repairs to other vehicle			
Quoted amount for repairs to other vehicle					
Registration No.		Make	Name of vehicle Owner	Address of vehicle owner	
Vehicle Model		Contact Number	Email Address		
<b>DAMAGE TO PROPERTY OTHER THAN VEHICLES</b>	Name of property owner		Address of property owner		
	Estimate of damage				
	Estimate of damage				
	Personal injuries (other than in insured vehicle)	Name of injured	Relationship to accident e.g. Driver	Details of injuries	Name of hospital if applicable

Directors:

S. Mutasa\* (Chairman), N. Jazire (Chief Executive Officer) \*, C. Lesetedi, L. Khupe, John Hinchliffe\*\*, Basil Le Grange\*\*\*, G. Sainsbury\*\*\*\*, B. Gordon\*\*\*\*\* Zimbabwean\*, British\*\*, South African\*\*\*, Australian\*\*\*\*, Irish\*\*\*\*\*



<b>PASSENGERS (Insured's Vehicle)</b>	Passengers in insured vehicle	Name	Address	Injury
	For what purpose were they transported?			
	Are they employees?			
<b>WITNESSES</b>	Name, address & phone no			
	Name, address & phone no			

<b>SUBROGATION</b>	<p>I hereby subrogate, transfer, and cede to the insurer any and all claims or causes of action of whatsoever kind and nature which I now have or may hereafter have, to recover against any persons as a result of the said occurrence and loss above described. Also, to recover on my behalf from such persons, my excess payment made as a result of the said occurrence. I agree that the insurer may enforce same in such manner as shall be necessary or appropriate for the use and benefit of the insurer, either in its own name or in mine. I will furnish such papers, information, or evidence as shall be within my possession or control for the purpose of enforcing such claim, demand, or cause of action.</p>
<b>DECLARATION</b>	<p>We hereby declare the foregoing particulars to be true in every respect</p> <p>Signature of Driver: _____ Signature of Insured: _____</p> <p>Date: _____ Date: _____</p> <p><b>Please note that KYC documents may be requested from you where necessary</b></p> <p><b>N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND</b></p>

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