



Motor Accident Claim Form

Delete sections not applicable



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to
Zurich Insurance Company South Africa Limited
 Registration number: 1965/006764/06 VAT number: 4530103581
 15 Marshall Street, Ferreirasdorp 2048 Johannesburg, PO Box 61489, Marshalltown 2107
 Authorised Financial Services Provider 17703

The information that is sought herein is not intended to be an exhaustive list and Zurich accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

Policy No.		Claim No.				
Insured	Name and occupation					
	Address and Day Tel No.					
	Identity number/VAT number					
Vehicle	Vehicle details	Make	Registration	Model	Year	Kilometers completed
	State if subject to Hire Purchase, Credit or Leasing Agreement					
	If Yes, name, address and account number of finance company					
	Chassis/VIN No.					
	In whose name is the vehicle registered?					
Damage	Damage to own vehicle				Indicate old damage on vehicle	
	Where is the vehicle at present? (State full address)					
Driver	Full name					
	Residential address					
	Occupation					
	Identity No.					
	Driver's licence	Month and year of expiry			Date of issue and code issued	
	State fully the purpose for which vehicle was being used					
	Was he/she driving with your permission?					
	Was he/she in your employ?					
	Has he/she any motor insurance on own car? If yes, state Policy No. and Company					
	Details of any convictions for motoring offences					
	Has licence ever been endorsed?					
	Has he/she any physical defects?					
	Details of previous accidents					
Passengers (Insured Vehicle)		Name	Residential address		Injury	
	Passengers in insured vehicle					
	For what purposes were they carried?					
	Are they employees?					

Please attach an enlarged clear copy of driver's licence

Other Party	Personal injuries (other than in insured vehicles)	Name of Injured		Relationship to accident e.g. driver, passenger etc.		Details of injuries		Name of hospital if applicable					
	Other vehicles	Registration		Make		Name of owner & driver		ID No.		Contact details			
		(a)								Tel:			
		(b)								Cell:			
		(c)											
		Details of damage			Old damage			Address of owner & driver			Colour of vehicle		
		(a)											
		(b)											
	(c)												
	Property other than vehicles	Name and address of owner					Details of damage						
Independent Witnesses	Name, address and telephone number												
Independent Witnesses	Name, address and telephone number												
Accident	Date, time and place												
	Speed												
	Before accident					kph		Moment of impact			kph		
	(a) Weather conditions					(a)		(b)					
	(b) Visibility							(b)					
	(a) Road surface					(a)		(b)					
	(b) Width of road							(b)					
	(a) Which vehicle lights were on?					(a)		(b)					
	(b) Street lighting							(b)					
	Was any warning given by you, e.g. hooting, indicators, etc?												
						Name of Police/Traffic officer who recorded details of accident			Police station, case number and date reported				
	Police details												
	Was driver tested for alcohol or drugs?												
DESCRIPTION OF ACCIDENT													

SKETCH
OF
ACCIDENT
(if necessary use
separate page)

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 scene of accident.

Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.

Payment method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.		
	Name of Bank	<input type="text"/>	Branch <input type="text"/>
	Name of Account	<input type="text"/>	Account No. <input type="text"/>

Licence Inspected	I have inspected the driver's licence and it is free of endorsements/endorsed as shown.		
	_____ Signature of Insured	_____ Capacity	_____ Date

Declaration	We hereby declare the foregoing particulars to be true in every respect.		
	_____ Signature of Driver	_____ Capacity	_____ Date
	_____ Signature of Insured	_____ Capacity	_____ Date

N.B. It is important that you notify the insurers immediately you become aware of any impending prosecution, inquest or demand