



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?					

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)															
Property other than vehicles	Name and address of owner					Details of damage									
Independent Witnesses	Name, address and telephone number														
Accident	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															

