

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
 70 Fox Street, Johannesburg, 2001 PO Box 61489, Marshalltown, 2107
 Registration No. 1965/006764/06
 Authorised Financial Services Provider No. 17703

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

Policy No.		Claim No.			
Insured	Name and Occupation				
	Address and Day Tel No.				
	Identity Number/VAT Number				
Vehicle	If vehicle is subject to Hire Purchase, Credit or Leasing agreement	Make	Registration	Model and Year	Kilometers completed
	State name, address and account number of Finance Company				
	Chassis/VIN No.				
In whose name is the vehicle registered?					
Damage	Damage area to own vehicle		Indicate old damage on vehicle		
	Estimate for repairs or attach quotation				
	Repairer's name, address and telephone number				
	Where can your damaged vehicle be inspected?				
Driver	Full Name				
	Residential Address				
	Occupation				
	Identity Number				
	Drivers Licence	Month and year of expiry	Date of issue and code issued		
	State full the purpose for which the vehicle was being used				
	Was he/she driving with your permission				
	Was he/she in your employ				
	Has he/she motor insurance on own car? If yes state Policy No. and Company				
	Details of any convictions for motoring offences				
	Has license 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.
		a)			
		b)			
		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				
	Name, address and Telephone Number				
Accident	Date time and place				
	Speed	Before accident	kph	Moment of impact	kph
	(a) Weather conditions (b) Visibility	(a)		(b)	
	(a) Road surface (b) Width of road	(a)		(b)	
	(a) Which vehicles lights were on (b) Street lighting	(a)		(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				

