



ZIMNAT LION
INSURANCE
for

security • care • integrity

ZIMNATLION INSURANCE COMPANY LIMITED MOTOR ACCIDENT CLAIM FORM

Important Note

*Take care to complete this form fully and correctly. Failure to disclose a material fact (any fact likely to influence the company's acceptance and assessment of this CLAIM) will render the insurance claim void. If you are in doubt of the facts which might be considered material, you should disclose them.

GENERAL INFORMATION

| | | | |
|--------------------------------------|--------------------|-----------------|-----------------------|
| SURNAME (Mr/Mrs/Ms/Mrs/Dr) | FORENAME(S) | | |
| Postal Address | | | Email: |
| Residential/Business Address | | | Policy Number: |
| Phone Numbers | Home: | Business: | Mobile Phone No: |
| | Fax: | Contact Person: | |

MOTOR VEHICLE DETAILS

| | | | | | |
|---|--|--------------------------------------|-------------------------|---------------|-------|
| Make and Model: | | | Year: | | |
| Registration Number: | | | Mileage: | | |
| Is the vehicle subject to a HP agreement? Y/N | | If "Yes" Please give name of Company | | | |
| Name of Driver: | | | Date of Birth | | |
| Address of Driver: | | | | | |
| Driver License No: | | | Date of issue | Date of issue | Class |
| Endorsements (if any) | | | Reason for Endorsement: | | |
| <i>(Please Note a Copy of the Driver's License must be submitted with the claim form)</i> | | | | | |
| For what purpose was the vehicle being used? | | | | | |

ACCIDENT DETAILS

| | | | | | |
|-----------------------------------|--|----------------|---------------------------|----------------------|--|
| TIME AND PLACE OF ACCIDENT | Date of Accident Time: Describe weather conditions: Where did the accident happen? Describe roadway and its conditions: | | | | |
| DESCRIPTION OF ACCIDENT | Who authorised us of vehicle? Direction your vehicle was going? What side of the road? What was your speed? If you collided with another vehicle what direction was it traveling in? What was the condition of your brakes? Did the Police attend? Which Station? If the Police did not attend have you reported the accident? If so to which station? What was the TAB Number Details of persons in your vehicle at the time of the accident: | | | | |
| | Name | Address | Age | Relationships | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| PERSONS INJURED | Name | Address | Extent of Injuries | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

THIRD PARTY DETAILS

| | |
|-------------------------------------|---|
| DAMAGE TO PROPERTY OF OTHERS | <p>Name of Owner</p> <p>Address:</p> <p>Type of property and Extent of damage</p> <p>If a Motor Vehicle what type: Registration Number</p> <p>Does He/She have insurance? Y/N With Whom?</p> |
|-------------------------------------|---|

| | | |
|---|--|---|
| NAMES AND ADDRESSES OF WITNESSES (IMPORTANT) | Whenever possible please obtain names and addresses or witnesses, bystanders or person in the immediate vicinity who may have seen the accident or heard statements made by any person involved. | |
| | Names | Addresses |

| | |
|-------------------------------|--|
| DAMAGE TO YOUR VEHICLE | <p>Parts Damaged and Extent:</p> <p>Who caused the damage?</p> <p>Address of person who caused the damage</p> <p>Is the person insured? Name of Insurer</p> <p>Where can vehicles be seen?</p> |
|-------------------------------|--|

| | |
|---|---|
| DRIVER'S ACCOUNT OF ACCIDENT OR LOSS | <p>Please explain fully how the accident happened:</p> <p>I declare the above statement to be true and correct to the best of my knowledge and belief.</p> <p>Date Signature of Driver:</p> |
|---|---|

| | |
|---|--|
| SKETCH PLAN: | |
| <p>Name Of Roads, Position Of Cars, Persons, Property, Road Signs, Traffic Lights Etc Must Be Shown And Also Paths And Directions Taken By Parties Involved</p> | <p><i>Give Street Names, Directions And Location Of Objects Concerned</i></p> |

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|-----------------------------|--|
| STATEMENT BY INSURED | <p>I/We declare the above to be correct and that I/We have not withheld any material information which would affect the acceptance of my/our claim by the Insurers.</p> <p>Date Signature of Insured</p> |
|-----------------------------|--|