

NB: KINDLY SUBMIT THIS FORM FULLY COMPLETED TOGETHER WITH 3 REPAIR/REPLACEMENT ESTIMATES, COPY OF DRIVERS LICENCE (BOTH SIDES) AND A POLICE REPORT.



CBZ Insurance Company (Private) Limited

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MOTOR VEHICLE ACCIDENT LOSS REPORT

1. INSURED	Name:		Policy No:					
	Home Address:		Tel No.:					
	Business Address:		Tel No.:					
2. VEHICLE AND DRIVER	Make		Serial No.:	Reg. No.:	Year Of Manufacture:.....			
	Driver's Name:		Driver's Age:	Vehicle mileage:				
	Driver's License No.:		(attach copy, both sides) Date Of Issue:		Classes:			
	Endorsement/s if any :							
	License Examined by:							
	Date:							
	Who authorized use of the Car?:							
	Relationship to Insured:							
	Hire Purchase Yes/No:		Finance Company:					
	Amount Outstanding:							
3. DATE TIME AND PLACE OF ACCIDENT OR LOSS	Date Of Accident:		20.....	Time:				
	Where did accident or loss occur? :							
	Describe Weather Conditions:							
	Speed:	Describe Road way & its condition:						
	To which Police Station was report made:		Police Ref No.:					
	(attach copy if available)							
	If Known state Name & Force No. of Officer.....							
	Was the driver of you vehicle under the influence of intoxicating liquor or drugs YES/NO							
	Was a blood/or breathalyser sample taken? If yes from whom and result:							
	Has any driver been charged under the current Road Traffic Act or is any charge pending? If so name person & Nature Of offence:							
	Has an admission of Guilt been signed by any Driver?							
	Your attention is drawn to your Policy Conditions relating thereto.							
4 PERSON/S INJURED OR DECEASED	Name	Address	Age	Related to Insured Yes/No	Occupant of insured's Car Yes/No	Occupant of other Car Yes/No	Pedestrian Yes/No	
	1							
	2							
	3							
	Nature and Extent Of Injuries							
	1							
	2							
	3							
	Area Of damage and extent:							
	Was the Vehicle in a Roadworthy Condition? YES/NO							
	Where may the vehicle be seen?.....			Repair Cost Estimate \$.....				
	(attach 3 Quotes)							

6. NAME AND ADDRESS/ES OF WITNESS/ES	Whenever possible please obtain names and addresses of witness/es <table style="width:100%; border:none;"> <tr> <td style="width:50%; text-align:center;">Name/s</td> <td style="width:50%; text-align:center;">Address/es</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Name/s	Address/es	_____	_____	_____	_____	_____	_____	_____	_____
Name/s	Address/es										
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7. NAME/S OF OCCUPANT/ S OF INSURED' VEHICLE	<table style="width:100%; border:none;"> <tr> <td style="width:60%;">.....</td> <td style="width:40%;">Address</td> </tr> <tr> <td>.....</td> <td>Address</td> </tr> <tr> <td>.....</td> <td>Address</td> </tr> <tr> <td>.....</td> <td>Address</td> </tr> </table>	Address	Address	Address	Address		
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.....	Address										
.....	Address										
.....	Address										
8. DAMAGE TO PROPERTY OF OTHER PERSONS	Name Of Owner: Address: Kind Of Property: If Motor Vehicle Give Make: Registration No.: Estimated Cost Of Repair: Has a Claim been made against you: Is the third Party Insured? Give Insurer's Names if Known: If other person/s property was a motor vehicle how many passengers were in the vehicle?										
9. DRIVERS ACCOUNT OF ACCIDENT OR LOSS	<div style="text-align: right; margin-top: 20px;">Drivers Signature:</div>										
10. DIAGRAM OF ACCIDENT											

I declare all information herein to be true and correct to the best of my knowledge and belief.

Name In Full: Designation:

Signature: Date:

IF FUNDS ARE TO BE TRANSFERRED DIRECTLY INTO AN ACCOUNT STATE:

Bank Name: Branch: Acc Name: Acc. No.