Credsure
(Credit & General Insurance)
Innovative insurance solutions
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"WITHOUT PREJUDICE"

MOTOR VEHICLE CLAIM FORM

This form is sent whenever an accident or loss is intimated. It must be completed and returned within 2 days of receipt.
All questions must be answered fully. Dashes are not sufficient. Please use BLOCK LETTERS
(Where questions require a "Yes" or "No" answer, tick that which is applicable)

Issued by
From (office)
Date issued

Policy Number

1. THE PREMIUM	Paid to :		Date:
2. THE INSURED	Full Names (Mr./Mrs./Miss)		Surname/Family Name
2.1 Full residential address			E-mail
2.2 P O Box/Telephone No.s	P O Box Number	Business Telephone	Home Telephone
2.3 Occupation/Date of birth	Occupation		Date of Birth
3 THE VEHICLE	Date purchased by Insured	From whom	Estimated value at the time of loss $
3.1 Manufacture details	Make Year	Carrying Capacity	Type of Body Horse Power/c.c.
3.2 Registration Book Specifications	Registration Number	Engine Number	Chassis Number
3.3 Hire Purchase/Lease Details	Name of Hire Purchase/Lease Company		Amount owing $
3.4 Is vehicle owned by the Insured?	Yes ☐ / No ☐	If "No", please advise by whom?	
3.5 Is vehicle modified to increase performance above specifications?	Yes ☐ / No ☐	If "Yes", please provide full details	
3.6 Description & name of owner of any goods carried in the vehicle.			
3.7 Description & number of trailers attached to the vehicle.			
3.8 Give details of damage to the insured vehicle.			
3.9 Estimated cost of repairs & where it can be inspected?			
3.10 For motor cycles only	Was side-car attached?	Pillion passenger carried?	Was driver a learner?
4. THE DRIVER	**N.B. These questions must be answered whether the insured was driving the vehicle or not**		
4.1 Full names	Mr./Mrs./Miss. First Names		Surname/Family Name
4.2 Full residential address			
4.3 P O Box/Telephone Numbers	P O Box Number	Business Telephone	Home Telephone
4.4 Occupation/Date of birth	Occupation		Date of Birth
DRIVING LICENCE 4.5 (must be produced)	Date first issued	Place of issue	Licence number
	Authorised classes	Has licence ever Yes ☐	If "Yes", please give dates and full details.

4.6 Details of licence		been endorsed?	No		

4.7 **FOR OFFICIAL USE ONLY** (Authorised Insurance Company Official only to complete this section)	Original/Duplicate/Copy licence inspected. We confirm all details are correct. Remarks:	Date inspected: Official's Signature:

4. THE DRIVER (Cont.)	**Please give a definite answer to each question**		
4.8 State precisely reason for the use of the vehicle at the time of the loss/accident?			
4.9 Was he/she driving with the insured's knowledge and consent?	Yes / No		If "No", please give full details
4.10 Is he/she employed by the insured?	Yes / No		If "Yes", please give full details
4.11 Was he/she driving under the influence of alcohol and/or drugs?	Yes / No		If "Yes", please give full details
4.12 Was driver tested for alcohol/drugs?	Yes / No		If "Yes", please give full details
4.12 Does he/she suffer from any mental or physical defect?	Yes / No		If "Yes", please give full details
4.13 Has he/she ever been charged or convicted of any motoring offence?	Yes / No		If "Yes", please give full details
4.14 Has he/she been involved in any motor accident previously?	Yes / No		If "Yes", please give full details
4.15 Has he/she ever been refused motor vehicle insurance?	Yes / No		If "Yes", please give full details
4.16 Has he/she ever had special terms imposed on their insurance policy?	Yes / No		If "Yes", please give full details
4.17 Has he/she have a motor policy in his/her own name?	Yes / No		If "Yes", please give full details
4.18 Is he/she being charged by any authority as a result of this accident?	Yes / No		If "Yes", please give full details

5. THE ACCIDENT	Date:	Time: a.m./p.m.	Place:
5.1 At what time and date was the insured advised of accident?	a.m./p.m.	Date:	By whom?
5.2 Did the driver admit liability?	Yes / No		If "Yes", please give full details
5.3 Who does the insured believe was to blame and why?			
5.4 Name and address of ALL passengers in insured vehicle.			
5.5 Was driver or any of the passengers injured in the accident?	Yes / No		If "Yes", please give full details
5.6 Do you employ any of them?	Yes / No		If "Yes", please give full details
5.7 Names and addresses of any independent witnesses			
5.8 Name, number and station of the attending/reporting Police Officer.	Name & Rank	Number	Police Station

6. THIRD PARTIES	**Please obtain as much of this information as possible**		
6.1 Names & addresses of other drivers and persons involved			
6.2 Are any of them in your employ?	Yes / No		If "Yes", please give full details
6.3 Were any of them injured?	Yes / No		If "Yes", please give full details
6.4 Give make & Registration numbers of all other vehicles involved			

6.5 Give names of their Insurers and Certificate or Policy number		
6.6 Give details of any damage caused to vehicle and/or property		
6.7 Please give details of any claims	Made against you	To be made by you

Third Party Instructions (Important) 6.8 (Please read your policy, especially the policy conditions)	**If any claim is made against you either verbally or in writing, or you are advised at any time of an Intended Prosecution, Inquest or Inquiry, notify this office immediately and forward all documents received.** ***DO NOT ADMIT LIABILITY***
DECLARATION	**I/We declare to the best of my/our knowledge and belief that the foregoing particulars are true and correct, and I/we undertake to render CREDIT INSURANCE ZIMBABWE (PRIVATE) LIMITED every assistance in my/our power in dealing with this matter. I/we also declare that there is no other insurance under which a claim can be made in respect of the accident or loss, and that the said vehicle is my/our property.**

Signature of Policy Holder Designation	Please print name	Date

(Company Stamp)

This section is to be completed in all cases

DRIVER'S STATEMENT

(1) I (full names) _____ hereby declare that:-

(2) On (Day of the week) _____ on (Full date) _____ 200 , at (Time) _____ a.m./p.m.

(3) At (Full description of place) _____ (Town) _____ .

(4) I was involved in an accident. The conditions at the scene and the circumstances were as follows:-

(5) (Weather conditions)_____.

(6) (Visibility) _____.

(7) (Description of road surface)

WIDE	NARROW	GRAVEL	SAND	TAR	OTHER

Tick applicable one

(8) Describe any warnings given and by whom (e.g. – Hooting)

(9) (Distance of my vehicle at the time of accident) from the side of the road metres/ From road centre metres.

(10) (Lights lit on my vehicle at the time of the accident were)

* DIPPED	* BRIGHT

Please tick in the appropriate box

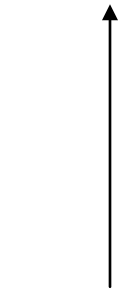
NONE	PARKLIGHTS	HEADLIGHTS*

(11) (Speed of my vehicle) just before the accident _____ km/h. At the moment of the accident _____ km/h.

(12) **Now state fully and clearly what happened**

Dated at (Town)	this	day of (Month)	200 .
Witnessed by - name		Signature	
Address		Signature of driver	

SKETCH OF THE ACCIDENT SCENE



Indicate North if certain

PLEASE NOTE: A rough sketch, usually drawn by the driver is of considerable assistance. It may, however be drawn under his/her direction in certain circumstances.

Please include: names, directions, road signs and markings, all vehicles and objects (identified), any measurements taken or estimated, tracks of vehicles, skids, debris and points of impact.

Sketch drawn by:	Print Name & Initials	Signature
Witnessed by:		Date: