



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 <small>(Mr/Mrs/Ms/Mrs/Dr)</small>				FORENAME(S)		
Postal Address					E-Mail Address	
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's License No:			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 authorized use of the 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	Relationship
PERSONS INJURED	Name	Address	Extent of Injuries	

THIRD PARTY DETAILS

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

NAMES AND ADDRESSES OF WITNESES (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 of person involved	
	Names	Addresses

DAMAGE TO YOUR VEHICLE	Parts Damaged and Extent
	Who caused the damage?
	Address of person who caused damage
	Is the person insured? Name of Insurer

Where can vehicles be seen?

DRIVER'S ACCOUNT OF ACCIDENT OR LOSS	Please explain fully how the accident happened:

I declare the above statement to be true and correct to the best of my knowledge and belief.	
Date:	Signature of Driver:

SKETCH PLAN:	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
	<i>Give Street Names, Direction and Location of Objects Concerned</i>

STATEMENT BY INSURED	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.
	Date: Signature Of Insured: