

30 Arundel Road Mt Pleasant  
Harare  
Tel: +263 (242) 334 625/ 334 629/ 334 630/ 334 634

### MOTOR VEHICLE ACCIDENT CLAIM FORM

Agency ..... Policy No. .... Claim No. ....  
Name of Insured ..... Occupation .....  
Address ..... e-mail .....  
Telephone No: Bus ..... Home ..... Cell .....

### PARTICULARS OF DRIVER

Name of driver at time of occurrence ..... Date of Birth .....  
Address of driver .....  
Is driver (a) owner ☐ (b) owner's employee ☐ or (c) owner's relative or friend? ☐ (Tick as appropriate)  
If (b) or (c), did you authorize the journey? .....  
If (b) or (c), does driver own a vehicle? ..... If so, name of Insurers .....  
When and where was the driver first licensed to drive? .....  
Class of vehicle(s) licensed to drive? ..... Current Licence No. .... Date of Issue .....  
Has driver ever been convicted of a driving offence? If so, give brief details and dates .....  
Was this vehicle involved in a previous accident? Yes/No ..... Details and dates required .....

### PARTICULARS OF INSURED VEHICLE

Registration Letters & No.	Make of Vehicle and Maker's No.	Type of Body (Sedan, Lorry, etc)	Year of Make	Horse Power	For what exact purpose was vehicle being used? (full information)

If there is a hire purchase or other agreement, how much is outstanding? \$ ..... To whom? .....  
If a motor cycle was there a pillion passenger? Yes/No ..... Name and Address .....

### DAMAGE TO INSURED VEHICLE

(Two quotations required, repairs must be authorized by the Insurer)

Full extent of damage .....  
Place where damaged vehicle can be seen .....  
Have you given instructions for repairs to be started? ..... Estimated cost of repairs \$ ..... If tyres damaged or stolen, state make and distance covered .....

### INJURIES TO OCCUPANTS OF INSURED VEHICLE

Were any Passengers being carried in/on your vehicle (a) for hire or reward? ☐ Yes ☐ No (b) in your employ ☐ Yes ☐ No  
Was any injury sustained by the driver or passengers in your vehicle? If so, give details of names and nature of injuries .....

### PARTICULARS OF OTHER PARTY OR OWNER OF PROPERTY INVOLVED IN ACCIDENT

Name ..... Registration No. of other vehicle .....  
Address ..... Name of other Insurers .....  
Full extent of personal injuries and/or damage to property .....  
Has notice of any claim been given to you? .....

Please send to the Company at once and unanswered any written communication you may have received

**PLEASE COMPLETE OVERLEAF**

### CIRCUMSTANCES OF ACCIDENT, LOSS OR DAMAGE

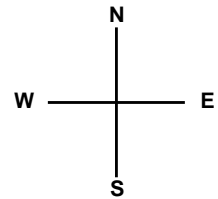
Date ..... Time .....am/pm Place .....  
Which of your lights were on? ..... What was your speed? .....km/h  
Describe (a) Road Conditions ..... (b) Traffic Conditions ..... (c) Visibility .....  
Give full description of how the accident, loss or damage occurred:

.....  
.....  
.....  
.....

Date ..... Driver's Signature .....

### SKETCH

Please make a rough sketch showing road widths and position of vehicles indicating how far vehicles were from side of road. Indicate with arrow the directions in which they were moving.



IN CASE OF THEFT: Please give details of numbers/marks etched/sandblasted on the vehicle

And by whom done .....

.....  
.....

If Radio/Tape Deck damaged/stolen state age make and model .....

.....

Point of impact : Mark XXXX



### WITNESSES

Names and addresses  
of your passengers .....

Names and addresses .....

of other witnesses .....

.....

Was any statement as to fault made by witnesses or drivers at the time? If so, give details: .....

.....

To which Police Station was the occurrence reported? ..... Date of report .....

Name/Number of Police Officer who took particulars ..... Police Ref: No. ....

### DECLARATION

I/We declare that, to the best of my/our knowledge and belief, these statements are true and I/We undertake to render the Company every assistance in my/our power in dealing with this matter.

Date ..... Signature of Insured .....

(If the Policyholder is a Company or firm the designation of the person signing must be given and the Company stamp affixed)

Designation ..... Company Stamp