

**Administered by:**

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**Underwritten by:****Zurich Insurance Company S.A. Limited****Motor Vehicle Accident Claim Form**

Employee Number		Policy Number		Claim Number	
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<b>1. INSURED</b>					
Title		First names		Surname	
Residential address					
				Postal code	
Telephone (work)			Telephone (home)		
Cellular number			e-mail address		
Occupation					

<b>2. VEHICLE DETAILS</b>					
Reg. no		Make		Model	
Year					
Vehicle value		Price paid		Date of purchase	
				Odometer reading	
Engine number		Chassis number		VIN number	
Name of registered owner					
Name and address of finance company / person					
If the vehicle is subject to a hire purchase, credit or lease agreement, state the following:					
				Account number	

<b>3. DRIVER AT THE TIME OF THE ACCIDENT</b>					
Title		First names		Surname	
Residential address					
				Postal Code	
Telephone (work)			Telephone (home)		
Cellular number			e-mail address		
Occupation		ID number			
Date on which driver's licence was issued		Place		Code	
Driver's licence type	Full <input type="checkbox"/>	Learners <input type="checkbox"/>	Has the licence ever been endorsed	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Details of any convictions for motoring offences					
Does the driver suffer from any physical defects?					
Details of previous accidents					
Was the driver tested for alcohol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what was the outcome?		

3. DRIVER AT THE TIME OF THE ACCIDENT, cont.			
If the driver is not the insured, does the driver have insurance on his/her own vehicle?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Insurance company		Policy number	
Has any insurer ever refused the driver motor vehicle insurance or imposed special conditions?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the driver in the insured's empl;oy?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the vehicle being used with the insured's permission?	Yes <input type="checkbox"/> No <input type="checkbox"/>
State the purpose for which the vehicle was being used?			

4. DETAILS OF OTHER VEHICLES INVOLVED			
If you suspect that the driver of the other vehicle was driving his/her employer's vehicle, please provide us with the relevant information			
1	Vehicle	Registration number	Name of driver
			Postal address
	Telephone	(W) (H)	
	Insured by	Policy no.	Contact Telephone
	Name of employer	Telephone	(W) (H)
	Business address		
2	Vehicle	Registration number	Name of driver
			Postal address
	Telephone	(W) (H)	
	Insured by	Policy no.	Contact Telephone
	Name of employer	Telephone	(W) (H)
	Business address		
3	Vehicle	Registration number	Name of driver
			Postal address
	Telephone	(W) (H)	
	Insured by	Policy no.	Contact Telephone
	Name of employer	Telephone	(W) (H)
	Business address		
4	Vehicle	Registration number	Name of driver
			Postal address
	Telephone	(W) (H)	
	Insured by	Policy no.	Contact Telephone
	Name of employer	Telephone	(W) (H)
	Business address		

5. DAMAGE TO PROPERTY OTHER THAN VEHICLES					
Please supply details of owner					
Title		First names		Surname	
Address					
				Postal Code	
Telephone (work)				Telephone (home)	
Cellular number				e-mail address	
Details of damage					

6. PERSONAL INJURIES OTHER THAN IN THE INSURED VEHICLE	
Name of injured	Details of injuries

7. DAMAGE TO OWN VEHICLE		
Description of damage		
		Estimated cost of repair R
Where can your vehicle be inspected?		

8. PASSENGERS IN INSURED VEHICLE		
Name	Address	Relationship
Were there any injuries to passengers/driver?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, state who and describe injuries		
If there were injuries, is anyone going to claim for medical costs, etc.?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If so, state who and name of attorneys handling the claim		

9. WITNESSES		
Name	Address	Telephone

10. DETAILS OF ACCIDENT							
Date		Time		Place			
Police reference no.		Police station		Date reported			
Speed	Before accident	km/h	Moment of impact	km/h	Weather conditions		
Visibility		State of road		Width of road			m
Which lights of the vehicle were on?				Was any warning given by you, e.g. hooting, indicators, etc.?			
Who, in your opinion was to blame for this accident?							

11. DESCRIPTION OF THE ACCIDENT IN YOUR OWN WORDS	

12. SKETCH OF ACCIDENT	
<p><b>Indicate the following in the drawing:</b></p> <ol style="list-style-type: none"> <li>The point of impact</li> <li>Direction of travel by arrows</li> <li>Distances</li> <li>Any road signs</li> </ol>	

13. OTHER INSURANCE		
Is there any other insurance covering this loss/damage? If yes, please state name of insurer		
Policy number		Branch office

14. DECLARATION	
I / We solemnly declare that the above particulars are correct.	
Date _____	Insured's signature _____