



...when real insurance matters...

No.2 RUDLAND BELVEDERE HARARE.
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MOTOR ACCIDENT CLAIM FORM

(1) INSURED(to be filled out by the insured)

- a. Full Name: _____ Policy No: _____
- b. Cell No. _____.
- c. Address _____.

(1B) VEHICLE DETAILS

- (a) Make: _____ Model: _____ Engine No: _____
- (b) Year of make: _____ Registration no: _____
- (c) State nature, weight and owner of goods being conveyed (if any): _____
- (d) Use of vehicle at the time of accident _____

(2) DRIVER(to be filled out by the driver)

- (a) Full name of driver: _____ Age: _____
- (b) Address of Driver: _____ Telephone No _____
- (c) Driver's Licence No: _____ Date & Place of issue: _____
- (d) Occupation of Driver _____ Relation to Insured _____
- (i) Was driver in control with your permission? _____
- (iii) Has he/she ever been charged or convicted for an offence in driving of a vehicle or cycle? _____
- (iv) State driver's accidental history: _____
- (v) Is the vehicle insured with another company? _____ Insurance co.: _____

(3) DETAILS OF ACCIDENT

- (a) Date: _____ Time: _____ Place of occurrence _____
- (b) Speed of Vehicle: (i) Prior to accident?: _____ (ii) At time of accident?: _____
- (c) State the road conditions _____
- (d) Describe weather conditions _____
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- (e) Was the driver under influence of drugs or alcohol? _____
- (f) Was the breathalyser test given? _____
- (g) Has the driver been charged under the current Road Traffic Act or is any charge pending:

- (h) In what direction was the vehicle/cycle being driven? _____
- (i) Whom do you consider responsible for accident? _____
- (j) Give names and address: _____

- (k) Was responsibility for accident admitted? If so, by whom? _____

(5) DAMAGE TO INSURED'S VEHICLE /CYCLE

- (a) Give brief details of the damage _____

(6) WITNESS

- (a) Name and address of persons in or on the insured Vehicle/cycle other than the driver?

- (b) Names and addresses of Independent Witnesses of the accident?

- (c) If no names were taken give reason(s) why? _____

(7) DAMAGE OR INJURY TO PERSON(S) OR PROPERTY (Public Liability)

- (a) Name of person injured or owner of damaged property? _____
- (b) Address _____

- (c) Full particulars of injuries? _____
- (d) Full particulars of damage to property? _____
- (e) Has notice of any claim by Third Party been given either verbally or in Writing? _____
- If verbal notice please give Particulars? _____

(8) **SUMMARY (write inside the box and sketch below)**

Please explain fully how the accident occurred and draw a rough sketch.

EXPLANATORY SKETCH DIAGRAM

DECLARATION

I/We declare to the best of my/our knowledge and believe the foregoing particulars and the information appearing herein are a complete and full disclosure of the circumstances connected with this claim, that they are true and correct. I/We undertake to render the Company every assistance in my/our power in dealing with the matter. I/We also declare that there is no other insurance under which claim can be made in respect of the accident or loss, and that I am /we are the sole owner /owners of the said vehicle and property.

Date -----20----- Signature of Insured-----

Signature of Driver (If other than the insured) -----

(Print Name & Initials)-----

**It is insurance fraud and
a criminal offence to sign someone's name**

N.B. ANY CLAIM OR COMMUNICATION THAT YOU RECEIVE REGARDING THE ACCIDENT SHOULD BE SENT UNANSWERED TO THE COMPANY IMMEDIATELY.

THIS DOCUMENT IS ATTACHED WITH

1. COMPLETE POLICE REPORT.
2. COPY OF REGISTRATION BOOK OF THE INSURED VEHICLE.
3. COPY OF THE DRIVER'S LICENCE OF THE INSURED VEHICLES DRIVER SHOWING CLEARLY BOTH SIDES.
4. FOR COMPREHENSIVE CLIENTS THREE QOUTATIONS FROM REGISTERD PANEL BEATERS