

Claim Registration Form

Please use **BLOCK CAPITALS** and answer all questions in full

CLIENT DETAILS– To be completed in all cases	
Title (Mr, Mrs, Miss etc.)	Identification no.
First name:	Surname:
Mobile No.:	Email:
Date and time when loss or damage occurred.	
Day_____Month_____Year_____	Time: _____
TYPE OF CLAIM	
Motor Comprehensive	<input type="checkbox"/>
Motor Third party	<input type="checkbox"/>

CHOOSE THE INSURANCE COMPANY INSURED WITH	
1. CBZ Insurance	<input type="checkbox"/>
2. Champions Insurance	<input type="checkbox"/>
3. NICOZ Insurance	<input type="checkbox"/>
4. ZIMNAT Insurance	<input type="checkbox"/>
5. MOOVA Insurance	<input type="checkbox"/>

DECLARATION
I/We declare to the best of my/our knowledge and belief that the information within this form is true and correct.

Signature:	Date:
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Please note that this is a claims registration form, you will receive a Claim form from the specific insurance company you are insured with that will be used to process the claim

CLAIMS CHECK LIST

Kindly have the below documents ready, these are to be sent with the respective insurance claim form for the insurer selected above.

Motor Claims (Insured/Third Parties)

1. Completed Claim Form
2. Original Admission of Guilt Receipt
3. Police Report
4. Copy of Driver's licence
5. Premium payment receipt
6. Copy of motor certificate
7. Three quotations from approved garages
8. Inspection of Motor vehicle subject of claim