



ZSIC GENERAL INSURANCE COMPANY

Head Office : Premium House,
7431 Independence Avenue
P. O. Box 30894
LUSAKA

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

MOTOR ACCIDENT STATEMENT

CLAIM No:.....

INSURED (OWNER OF INSURANCE TO BE USED)	Name..... Policy No:..... Occupation..... Date Premium Paid Address: Tel No.
MOTOR VEHICLE:	Make..... Type Sum Insured Year of Manufacture Registration No..... Carrying Capacity if Commercial Vehicle Nature of Goods Carried if any Weight Purpose for which it was being used at time of accident..... If M/Cycle, state if it is equipped with pillion seat..... Is the vehicle subject to a Hire Purchase Agreement If so, give the details..... In whose name is the vehicle registered?.....
DRIVER OF MOTOR VEHICLE:	Name Age..... Address Driving Licence No..... Date & place of issue..... Groups covered..... State how long Driver has been fully licenced to drive motor vehicles (s)..... State if concerned in any previous accidents, if so give details Has driver any physical defects?..... Is driver your employee?.....if so, in what capacity ?..... Since when has driver been so employed by you?..... Is driver a relative or friend?.....if driver owns a Motor Vehicle give the name of driver's insurance Company.....

PARTICULARS
OF ACCIDENT /
FIRE

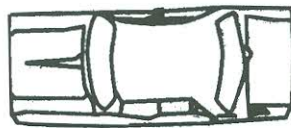
Date TimeHours
Place
State wether and light at time of accident.....
Speed of vehicleKm per hour.....
Type of Road surface.....
How far was your vehicle from Edge Road.....
.....
Number of lanes.....
Did accident occur on straight road, Curve, junction.....
What warning was given by Insured's driver?.....
What warning was given by other party?.....

OTHER
PROPERTY
DAMAGED
OTHER THAN
VEHICLE

Owner of property damaged
Address:Tel No.....
Nature of damage.....
Has any claim been made against you?.....if so, by whom?.....

DAMAGE TO
OWN VEHICLE

State extent of damage
.....
Where can the vehicle be inspected.....
Have any instruction been given for repairs to be put in hand ?.....
State estimated Cost of Repairs
If cover comprehensive, three detailed quotations should be attached if possible



Show area of impact by arrow and extent of damage by
crossed (x) on car diagram

OTHER PARTY

Name of Driver
Address
If driver not owner of vehicle give name of owner
AddressTel No.....
Make of Vehicle Reg No.....
Insurance Cover Policy or Cert. No.....
.....
Do you consider other party to blame?.....
If so, give reasons:
.....
.....
Damage to vehicle:

PERSONAL INJURIES Names and Addresses of injured persons	In whose vehicle were they travelling in, if any?	Nature of injuries

WITNESS	<p>Give names of witness, if no names given. State whether passenger in your vehicle</p> <table border="0"> <tr> <td>1.</td> <td>Box</td> <td>Telephone</td> </tr> <tr> <td>2.</td> <td>Box</td> <td>Telephone</td> </tr> <tr> <td>3.</td> <td>Box</td> <td>Telephone</td> </tr> <tr> <td>4.</td> <td>Box</td> <td>Telephone</td> </tr> </table>	1.	Box	Telephone	2.	Box	Telephone	3.	Box	Telephone	4.	Box	Telephone
1.	Box	Telephone											
2.	Box	Telephone											
3.	Box	Telephone											
4.	Box	Telephone											
POLICE EVIDENCE	<p>Did a Police Officer take particulars of accident?</p> <p>If yes give his Service Number.....</p> <p>Police station advised..... Date Reported:</p> <p>Was he a witness to the accident?.....</p> <p>Do the Police intend to prosecute one of the parties.....</p> <p>If so whom?</p>												
DETAILS OF OCCURRENCE:	<p>Explain how the Accident/fire occurred</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>												
SKETCH:	<p>Sketch of scene of accident with names of roads and positions of cars, vehicles, persons or property damaged.</p>												
NOTE:	<p>Any written notice of claim received must be passed IMMEDIATELY to the Company UNANSWERED.</p>												
DECLARATION	<p>I/We hereby declare the foregoing particulars to be true to the best of My/Our knowledge and I/We undertake to render the Company all possible assistance in dealing with this matter and further declare that I/We have not made admission of liability to any Third Party. I/We acknowledge that the Company shall be entitled without reference to me engage and instruct such repairs as its discretion may decide to repair or reinstate the Insured vehicle.</p> <p>I further agree to pay the repairsrs/Insurers the excess (if any) applicable to this claim.</p> <p>Signature of insured: date:</p> <p>If limited company status of signatory.....</p>												

TICK

CHECKLIST

Driving licence (certified true copy)

Three repair estimates from garages approved by ZISC General Insurance Limited.

Police report (original)

All correspondence from third parties

Certificates of insurance/cover note

Motor Registration book/certificate (certified true copy)

OTHER TOWNS - TWO REPAIRS ESTIMATES FROM REPUTABLE GARAGES AS AGREED WITH THE MOTOR TRADES ASSOCIATION & ZSIC GENERAL INSURANCE LIMITED.

(APPROVED REPAIRS ARE AGREED WITH THE MOTOR TRADES ASSOCIATION)

IF YOUR VEHICLE IS DRIVABLE OUR RESIDENT ASSESSORS AT OUR LUSAKA, NDOLA AND KITWE OFFICES CAN INSPECT AND AUTHORISE IMMEDIATE REPAIRS