



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED

MOTOR VEHICLE CLAIM FORM

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

INSURED Name..... Policy No.....
Occupation..... Tel No.....
Address.....

MOTOR VEHICLE MakeType
Year of Manufacture CC.....
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 details
In whose name is the vehicle registered?

DRIVER OF MOTOR VEHICLE Name Age
Address
Driving Licence No. Groups covered.....
Date & Place of Issue
State how long Driver has been driving motor vehicle(s)
Give full details of all driving convictions, endorsements of licence (if no Conviction state 'none')
Has any driver any physical defects? Is Driver your employee.....
If so in what Capacity..... Since when has driver been Employed by you?.....

PARTICULARS	Date	Time
OF ACCIDENT/ FIRE	Place	State weather and light at time of Accident
	Speed of vehicle	Km per hour
	Type of road surface	How far was your vehicle from near side Kerb or edge of road
	Width of the road	Did accident occur on straight road, curve, junction
	What warning was given by insured's driver?	
	What warning was given by the other party?	
OTHER PROPERTY DAMAGE	Owner of property damaged	Tel No.
	Address	Nature of Damage
	Has any claim been made against you? If so by whom?	

DAMAGE TO VEHICLE	State extent of damage
	Where can the vehicle be inspected?
	State estimated cost or repairs
	If cover is Comprehensive, three repair quotations should be attached

OTHER PARTY	Name of Driver	Tel No.
	Address	If driver not owner of vehicle give name of owner
	Make of Vehicle	Reg. No.
	Insurance Cover	Policy or Certificate No.
	Do you consider other party to blame?	
	If so give reasons	
	Damage	to
		vehicle

PERSONAL INJURIES

Name and Address of Injured Persons	In whose vehicle were they traveling if any?	Nature of injuries

POLICE EVIDENCE Number.....	Did a police officer take particulars of accident ?.....
	If yes give his service
	Police station advised.....Date Reported.....
	Was he a witness to the accident ?.....
	Do the police intend to prosecute any of the parties..... If so whom.....

DETAILS OF OCCURRENCE	Explain how the Accident/Fire occurred.....
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SKETCH	Sketch of scene of accident with names of roads and position of vehicles, Persons or property damaged.
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NOTE	Any written notice of claim received must be passed IMMEDIATELY to the Corporation UNANSWERED.
DECLARATION	I/We hereby declare that the foregoing particulars are true to the best of My/Our knowledge. I/We undertake to render the corporation 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 Corporation shall be entitled without reference to me to engage and instruct such repairs at it's discretion may decide to repair or reinstate the insured vehicle.
	I/We further agree to pay the repairers/insurers the excess (if any) applicable
to this claim	SIGNATURE OF
INSURED.....	DATE.....
	If limited company status of signatory plus official date stamp.

CHECK LIST

TICK

- Driving License
- Three repair estimates from garages approved by the Company
- Police Report
- Certified copy of Registration Book
- Certificate of Insurance/Cover Note