



MAYFAIR INSURANCE COMPANY ZAMBIA LIMITED

THIRD PARTY MOTOR VEHICLE CLAIM FORM

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

CLAIMANT	Name	Insurers
	Occupation	Policy No.Type
	Address	
	Tel No.	

MOTOR VEHICLE	Make	Type
	Value	Year of Reg.CC
	Motor Veh. Reg No.	
	Is Vehicle subject to hire purchase or loan agreement?	
	If Yes, give details	
	
.....		
In whose name is the vehicle registered?		
Attach certified copies of Blue/Red book		

DRIVER OF VEHICLE	Name	Age
	Address	
	Driving Licence No.	Groups Covered
	Date & place of Issue (attach certified copies).....	

PARTICULARS OF ACCIDENT	Date	Time
	Place.....	
	Speed of Vehicle	Km per hour
	Type of road Surface	
	What warning was given by your driver	
	
Other Driver		
.....		

DAMAGE TO VEHICLE	State extent of damage
	Estimated cost of repairs(attach three quotations)
	Where can the vehicle be inspected?

OTHER PROPERTY DAMAGE	Type of Property
	Nature of damage
	Estimated cost (attach quotations)

PERSONAL INJURIES

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

POLICE EVIDENCE	Did a Police Officer take particulars of Accident? If yes, give his Service number Police Station Advised Date
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DETAILS OF OCCURRENCE	Explain fully how the Accident occurred
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DECLARATION	I/We hereby declare the foregoing particulars to be true in every respect I/We undertake to render the Corporation all possible assistance in dealing with this matter. Signature Date (If a Limited Company, give status of signatory)
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