



African Grey Insurance Limited, Prima House, Plot No. 187C, Fairview, Post Net 136 E891, Lusaka, Zambia
Tel: +260 211 221091, Tel/Fax: +260 211 221092, E-mail: info@africangrey.co.zm

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.....	
	
	Email Address.....	

MOTOR VEHICLE	Make	Type
	Year of Manufacture CC.....	
	Registration number.....	
	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 OF ACCIDENT/ FIRE	Date	Time
	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?		

**OTHER
PROPERTY
DAMAGE**

What warning was given by the other party?
Owner of property damaged
Address Tel No.
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
Address Tel No.
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**

Did a police officer take particulars of accident ?
If yes give his service Number
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
.....
.....
.....
.....
.....

SKETCH	Sketch of scene of accident with names of roads and position of vehicles, Persons or property damaged.
---------------	--

NOTE	Any written notice of claim received must be passed IMMEDIATELY to the Corporation UNANSWERED.
DECLARATION	<p>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.</p> <p>I/We further agree to pay the repairers/insurers the excess (if any) applicable to this claim.</p> <p>SIGNATURE OF INSURED..... DATE..... If limited company status of signatory plus official date stamp.</p>

CHECK LIST

TICK

- ☐ Driving license
- ☐ Three repair estimates from garages approved by the corporation
- ☐ Police report
- ☐ Certified copy of registration book
- ☐ Certificate of insurance/Cover note