

POLICYHOLDER DETAILS

Intermediary:	Insurer:
Policyholder:	Policy number:
Email address:	Cell number:
Address:	Postal code:

SUBMITTING YOUR CLAIM

Please include the following along with this completed and signed claim form:

- Use your policy number and full name or company name as reference in the email subject line.
- Please indicate by ticking the boxes below that you have included:

Detailed quotation/s from the repairer.

High quality colour photographs of the vehicle, per Annexure A.

VEHICLE DETAILS

Make:	Model:	Year:
Registration number:	Gross vehicle mass:	
VIN/Chassis number:	Odometer reading:	

REGISTERED OWNER DETAILS

Full name:	ID/Registration number:
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FINANCE DETAILS

Financier:	
Account number:	Agreement type:
Original amount financed:	Outstanding finance amount:

ACCIDENT DETAILS

Date of accident:	Time of accident:		
Accident location:			
Did you give any warning prior to the collision? Hooting <input type="checkbox"/> Flashing lights <input type="checkbox"/> Hazards <input type="checkbox"/> Other, please specify:			
Were your vehicle headlights on? Yes <input type="checkbox"/> No <input type="checkbox"/>		Speed before accident: km/h	Speed on impact: km/h
Road condition: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/>		Road surface: Tar <input type="checkbox"/> Gravel <input type="checkbox"/> Off road <input type="checkbox"/>	
Was there adequate street lighting? Yes <input type="checkbox"/> No <input type="checkbox"/>		Width of the road: Single lane <input type="checkbox"/> Multiple lane <input type="checkbox"/>	
Weather conditions:		Visibility:	
SAPS case number:		Police station:	
Attending officer:		Date reported:	
Reported by:		Was the driver tested for alcohol or drugs? Yes <input type="checkbox"/> No <input type="checkbox"/>	

DETAILS OF DAMAGE

Address where the vehicle can be inspected:	
Contact number:	Inspection contact person:
Repairer's name:	Estimate of total damages:
Description of the damage to your vehicle:	

DRIVER DETAILS

Full name:	ID number:		
Telephone number:	Mobile number:		
Occupation:	Licence number:	Code:	
Licence status: Full <input type="checkbox"/> Learners <input type="checkbox"/>	Issued at:	Date issued:	
Email address:			
Address:			Postal code:
At the time of the accident was the vehicle being utilised for: Personal use: <input type="checkbox"/> Business use: <input type="checkbox"/> Other use: <input type="checkbox"/>			
If other, please specify:			
Did the driver, if other than the policyholder, have permission from the policyholder to use the vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is the driver an employee of the policyholder? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Is he/she the owner of another vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:			
Insurer:	Policy number:		
Has the driver been in any previous accidents? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:			
Has the driver been convicted of any motor offences? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details below:			

DESCRIPTION OF THE ACCIDENT

Please provide a detailed description of the accident below:

ACCIDENT SKETCH

Please label the vehicles in your sketch as follows:

Vehicle A:	The vehicle of the policyholder described in the heading VEHICLE DETAILS above.
Vehicle B:	The first vehicle involved in the accident as specified in the section following this sketch
Vehicle C:	The second vehicle involved in the accident as specified in the section following this sketch

Please draw a detailed sketch of how the accident occurred.

Clearly indicate your position at the time of the accident and the direction / path of travel by the vehicles using arrows.

You can draw on a blank sheet of paper and insert the image here or print the claim form to draw by hand.

VEHICLE B

Vehicle make and model:	Registration number:
Driver:	Contact number:
Details of damage:	
Vehicle owner:	Contact number:
Insurer:	Policy number:
Name of the policyholder on the insurance schedule:	

VEHICLE C

Vehicle make and model:	Registration number:
Driver:	Contact number:
Details of damage:	
Vehicle owner:	Contact number:
Insurer:	Policy number:
Name of the policyholder on the insurance schedule:	

PASSENGER DETAILS

Were any passengers in the insured vehicle at the time of the accident? Yes No If yes, please provide details below:

Name	Address	Nature of injuries sustained
Are any of the passengers employed by the policyholder: Yes <input type="checkbox"/> No <input type="checkbox"/>		
For what purpose were the passengers being carried:		

DAMAGE TO THIRD PARTY PROPERTY

Details of damage:	
Property owner:	Contact number:
Insurer:	Policy number:
Name of the policyholder on the insurance schedule:	

WITNESS DETAILS

Were there any other independent witnesses of the accident?

Yes

No

Full name:	ID number:
Cell number:	Work number:
Address:	Postal code:
Email address:	
Full name:	ID number:
Cell number:	Work number:
Address:	Postal code:
Email address:	

PERSONAL INJURY DETAILS

Is there any likelihood of personal injuries?

Yes

No

If yes, the accident must be reported by you, within 14 days, using a special accident report form of the Road Accident Fund. Failing which the third party may be able to claim from you. You should contact your intermediary for further details and assistance.

Please provide details of personal injuries to the passengers of the other vehicle:

Full name	Contact number	Injuries sustained	Hospital

DECLARATION

I/We declare that to the best of my/our knowledge the above statement/s and information is true and correct.

Policyholder signed at: _____ on ____/____/____

Policyholder signature _____ Full name of signatory: _____

Driver signed at: _____ on ____/____/____

Driver signature _____ Full name of signatory: _____

THE FOLLOWING MUST BE SUBMITTED WITH THE CLAIM FORM

Please attach the quotation from the repairer and a full set of photographs when submitting the Motor accident claim form. You should request the panel beater to take a full set of photographs, as described herein, when they attend to the quotation.

Kindly refer to the examples below:



1. FRONT END



2. LEFT SIDE



3. REAR END



4. RIGHT SIDE



5. ALL FOUR TYRES



6. VEHICLE LICENCE DISC



7. ODOMETER READING



8. GEAR LEVER



9. ACCIDENT DAMAGE

CHECKLIST FOR FULL SET OF PHOTOGRAPHS

The full set of high-quality colour photographs is vital in the assessment of your claim. Below is a checklist for your reference:

- | | | |
|-------------------------|--|--------------------------|
| 1. FRONT END | Ensure that the entire vehicle is included from end to end | <input type="checkbox"/> |
| 2. LEFT SIDE | Include the entire left angle of the vehicle from headlight to tail light | <input type="checkbox"/> |
| 3. REAR END | Ensure that the entire vehicle is included from end to end | <input type="checkbox"/> |
| 4. RIGHT SIDE | Include the entire right angle of the vehicle from headlight to tail light | <input type="checkbox"/> |
| 5. ALL FOUR TYRES | Ensure that the photographs clearly indicate the thread on each tyre | <input type="checkbox"/> |
| 6. VEHICLE LICENCE DISC | The contents of the current licence disc must be legible on the photograph | <input type="checkbox"/> |
| 7. ODOMETER READING | Please ensure that the reading is legible on the photograph | <input type="checkbox"/> |
| 8. GEAR LEVER | | <input type="checkbox"/> |
| 9. ACCIDENT DAMAGE | Take detailed photographs of all damage pertaining to this claim | <input type="checkbox"/> |

PROTECTION AND PROCESSING OF PERSONAL INFORMATION

We value the importance of your right to privacy and we are committed to the protection of your personal information.

We will process your personal information:

1. as it is collected directly from you by the intermediary and never for the purposes of *direct marketing*.
2. only as necessary to carry out our rights and obligations in terms of the insurance contract, to which you are a party
3. in compliance with all prescribed obligations of Zenith and the insurer.
4. where it will protect your legitimate interests.
5. if it is necessary for the proper performance of a legal duty by Zenith or the insurer.
6. in pursuit of the legitimate interests of Zenith and/or the insurer.
7. in pursuit of the legitimate interests of a third party to whom the information is supplied in terms of the insurance contract.
8. where the information relates to a *data subject* under the age of 18, only after consent is obtained from the *competent person*.

CONSENT FOR PROCESSING PERSONAL INFORMATION

I/We consent to the *processing* of my/our *personal information*, as defined by the Protection of Personal Information Act 4 of 2013, by Zenith for the Accomplished for underwriting and claims processes as well as the administration of the policy.

Signed at: _____ on _____ / _____ / _____

Policyholder signature: _____ Full name of signatory: _____

CONSENT FOR PROCESSING PERSONAL INFORMATION OF A CHILD

I/We as the parent / legal guardian of the *child / children* described herein, if applicable, hereby consent to the *processing of personal information* by Zenith for the Accomplished, of the respective *child / children* provided.

Signed at: _____ on _____ / _____ / _____

Parent/Legal guardian signature: _____ Full name of signatory: _____