

MOTORCYCLE ACCIDENT CLAIM FORM

New Wheels

Every question must be answered fully (can be answered in English or Afrikaans).
The abbreviation N/A should be used where the question is not applicable. The
Company does not admit liability by the issue of this form.

On Behalf of Zurich Insurance Company South Africa Limited
Registration Number Registration Number 1965/006764/06
VAT Reg No 4530103581

INSURED						
NAME		BROKER				
ADDRESS		POLICY NUMBER				
		TELEPHONE NUMBER				
		I.D. NUMBER				
		OCCUPATION				
MOTORCYCLE						
MAKE			MODEL			
YEAR			VALUE	R	KILOMETRES	
REGISTRATION		DATE OF PURCHASE				
IN WHOSE NAME IS THE MOTORCYCLE REGISTERED?				PRICE PAID	R	
FINANCE COMPANY		TYPE OF AGREEMENT		AMOUNT OWING		R
DAMAGE (please attach TWO quotations)						
DAMAGE TO OWN MOTORCYCLE						
ESTIMATE FOR REPAIR						
REPAIRERS NAME ADDRESS AND TELEPHONE NUMBER, E-MAIL ADDRESS AND FAX NUMBER						
WHERE CAN YOUR DAMAGED MOTORCYCLE BE INSPECTED?						
RIDER (please attach a copy of the license and front page of the ID book)						
FULL NAME		ID NUMBER				
ADDRESS						
TELEPHONE NO.		DATE OF BIRTH				
DRIVING LICENCE		NUMBER	DATE FIRST OBTAINED	PLACE	CODE	FULL <input type="checkbox"/>
						LEARNER <input type="checkbox"/>
STATE FULLY THE PURPOSE FOR WHICH THE VEHICLE WAS BEING USED						
WAS HE/SHE RIDING WITH YOUR PERMISSION?		YES <input type="checkbox"/> NO <input type="checkbox"/>				
WAS HE/SHE IN YOUR EMPLOY?		YES <input type="checkbox"/> NO <input type="checkbox"/>				

HAS HE/SHE ANY MOTOR INSURANCE ON HIS/HER VEHICLE? IF YES, GIVE POLICY NO. AND NAME OF COMPANY.		YES <input type="checkbox"/> NO <input type="checkbox"/>			
DETAILS OF ANY CONVICTION FOR MOTORING OFFENCES?					
HAS LICENCE EVER BEEN ENDORSED?		YES <input type="checkbox"/> NO <input type="checkbox"/>		HAS HE/SHE ANY PHYSICAL DEFECTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
DETAILS OF PREVIOUS MOTORCYCLE ACCIDENTS/CLAIMS					
HAS ANY CLAIM BEEN REPUDIATED?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
PILLION (Insured Motorcycle)					
Pillion on insured Motorcycle	Name		Address		Injury (see below)
For what purpose was pillion being carried?					
Is he/she an employee?		YES <input type="checkbox"/> NO <input type="checkbox"/>			
Damage to or details of other vehicle	Registration		Make		Name and Address of owner
OTHER PARTY					
Damage to property other than vehicles			Name and Address of owner		Details of damage
OTHER VEHICLES INVOLVED					
REGISTRATION	MAKE / MODEL	COLOUR	NAME AND ADDRESS OF OWNER AND DRIVER		DETAILS OF DAMAGE
WITNESSES					
WITNESS 1	NAME		PHONE NUMBER		
	ADDRESS		EMAIL ADDRESS		
WITNESS 2	NAME		PHONE NUMBER		
	ADDRESS		EMAIL ADDRESS		

DETAILS OF ACCIDENT

DATE		TIME		PLACE		
SPEED BEFORE ACCIDENT			kph	SPEED AT MOMENT OF IMPACT		kph
WEATHER CONDITIONS				VISIBILITY		
ROAD SURFACE				WIDTH OF ROAD		
WHICH VEHICLE LIGHTS WERE ON?				STREET LIGHTING		
WAS ANY WARNING GIVEN BY YOU (E.G. HOOTING, INDICATOR)		YES <input type="checkbox"/> NO <input type="checkbox"/>	(If yes give specifics)			
WAS RIDER TESTED FOR ALCOHOL OR DRUGS?		YES <input type="checkbox"/> NO <input type="checkbox"/>	RESULT OF TEST			
PLEASE PROVIDE A BRIEF DESCRIPTION OF THE ACCIDENT						
POLICE DETAILS		NAME OF POLICE OR TRAFFIC OFFICER		POLICE STATION		REFERENCE NO.

Please draw a sketch of the accident.
Please show clearly the point of impact and indicate the direction of travel by arrows.
Give details of any road safety signs or warning signs in vicinity of scene of accident.

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DECLARATION

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

SIGNATURE OF RIDER Date

SIGNATURE OF INSURED Date