



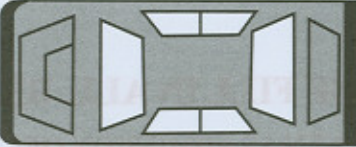
ZSIC GENERAL INSURANCE LIMITED

Head Office : Premium House,
7431, Independence Avenue,
P.O. Box 30894
LUSAKA

THIRD PARTY CLAIM FORM (PLEASE FILL IN ALL BLANK SPACES)

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

CLAIMANT	Name..... Insurers..... Occupation..... Policy No..... Type..... Address..... Tel No..... Email:.....
MOTOR VEHICLE	Make..... Type..... Value..... (attach evidence) Year of Reg..... C.C..... Reg. No. Is vehicle subjected to hire purchase or loan agreement Yes or No..... If Yes give details..... In whose name is the vehicle registered..... Attach certified copies of White/Red book
DRIVER OF VEHICLE	Name..... Age..... Address..... Driving Licence No..... Classes covered..... Date and place of issue..... (Attach certified copies)
PARTICULARS OF ACCIDENT	Date..... Time..... Place..... Speed of vehicle..... Km / M ph Type of road surface..... What warning was given by your driver..... Other driver.....

<p>DAMAGE TO VEHICLE</p>	<p>State the extent of damage.....</p> <p>Estimated cost of repairs.....</p> <p>(Attach quotations)</p> <p>Where can vehicle be inspected?.....</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 10px;"> <p>Show areas of impact by arrow (→) and extent of damage by cross (X) on car diagram</p> </div> </div>		
<p>OTHER PROPERTY DAMAGE (OTHER THAN VEHICLE)</p>	<p>Type of property.....</p> <p>Nature of damage.....</p> <p>Estimated cost.....</p> <p>(Attach quotations)</p>		
<p>PERSONAL INJURIES</p>	<table style="width: 100%; border: none;"> <tr> <td style="width: 70%; border: none;"> <p>Name and address of injured persons</p> <p>Were they in cabin or trailer?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Attach medical reports / death record)</p> </td> <td style="width: 30%; border: none; vertical-align: top;"> <p>Nature of Injuries</p> <p>.....</p> <p>.....</p> <p>.....</p> </td> </tr> </table>	<p>Name and address of injured persons</p> <p>Were they in cabin or trailer?</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Attach medical reports / death record)</p>	<p>Nature of Injuries</p> <p>.....</p> <p>.....</p> <p>.....</p>
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<p>POLICE EVIDENCE</p>	<p>Did a Police Officer take particulars of accident?</p> <p>Yes or No.....</p> <p>If yes, give his name.....Number.....</p> <p>Police Station advised.....Date.....</p>		
<p>DETAILS OF OCCURRENCE</p>	<p>Explain fully how the accident occurred.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>		
<p>DECLARATION</p>	<p>I/We hereby declare the foregoing particulars to be true in every respect.</p> <p>I/We undertake to render the Company all possible assistance in dealing with this matter.</p> <p>Signature.....Date.....</p> <p>(If a Limited Company, give status of signatory)</p>		