POLICY NUMBER: ..... INSPECTED BY:.....

CLAIM NUMBER:..... DATE OF NOTIFICATION:.....

DATE OF SUBMISSION:.....

NICO INSURANCE ZAMBIA LIMITED

NICO House Plot No.6106 & 6107 Great East Road, Northmead, Lusaka
P O Box 32825, LUSAKA, ZAMBIA.
Tel: (2601) 222862/226547/226456, Fax: (2601) 222863
e-mail: info@nicoinsurance.co.zm / claims@nicoinsurance.co.zm

MOTOR ACCIDENT STATEMENT/CLAIM FORM

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

CHECKLIST: PLEASE TICK THE DOCUMENTS SUBMITTED

STRICT REQUIREMENT BEFORE YOUR CLAIM IS CONSINDERED

IF THE OTHER PARTY IS TO BLAME FOR THE ACCIDENT, KINDLY ENSURE THAT:

1. **YOU COMPLETE SUBROGATION DETAILS ON SECTION NO.11 IN THE CLAIM FORM BELOW.**
2. **OBTAIN A LETTER FROM THE THIRD PARTY DULY SIGNED AND ACKNOWLEDGED WHICH IS ADDRESSED TO THEIR INSURER REPORTING THE CLAIM AND ADMITTING THEIR FAULT.**
3. **SUBMIT THEIR COPY OF INSURANCE, WHITE BOOK AND DRIVER'S LICENSE.**

OTHERWISE PLEASE PROCEED TO SUBMIT THE FOLLOWING:

- **COMPLETED CLAIM FORM**
- **ORIGINAL ADMISSION OF GUILT RECEIPT**
- **POLICE REPORT**
- **COPY OF DRIVER'S LICENCE**
- **PREMIUM PAYMENT RECEIPT**
- **COPY OF MOTOR CERTIFICATE**
- **COPY OF CERTIFICATE OF INSURANCE**
- **THREE QUOTATIONS FROM ANY APPROVED GARAGE**
- **INSPECTION OF MOTOR VEHICLE**

NB: NOTE THAT YOU WILL BE REQUIRED TO PAY 10% OR 20% TOWARDS THE TOTAL COST OF THE CLAIM AS WELL AS CONTRIBUTIONS TOWARDS REPLACEMENT OF PARTS THAT ARE SUBJECT TO WEAR AND TEAR.

THE ACTUAL AMOUNT WILL BE ADVISED ONCE THE CLAIM HAS BEEN ADJUSTED.

OFFICIAL CHANNELS COMMUNICATION AND FOLLOW UPS:

- **Call : +260 211 222 862 / +260 211 226 547 / +260 211 232 670 / +260 211 226 456**
- **WhatsApp: +260 773 022 428**
- **Email: claims@nicoinsurance.co.zm**
- **Website: www.nicoinsurance.co.zm – for claims submissions and tracking**

PLEASE ANSWER ALL QUESTIONS IN FULL.

1. POLICY HOLDER DETAILS

Policy No……Cover Note No……

Period of Insurance: from……to……

Name of the Insured……

Business/Occupation……

Telephone No……

Insured's email address……

Physical address……

2. DRIVER DETAILS

Name of driver……

Date of Birth……

License No……

Date Obtained……

Was he/she in any way to blame for the accident?……

Did he/she admit liability?……

Does he/she own a Motor Vehicle?……

3. VEHICLE DETAILS

Make……Year……

Reg No……Engine No……

Chasis No……Colour……

Are you the sole owner of the vehicle? Yes No

If not, name of other interested parties/Financiers……

Name and address of owner……

4. COMMERCIAL VEHICLES

Description of goods being carried……

……

Name and owner of goods……

……

Was the trailer attached?……

5. LOSS/DAMAGE/THEFT DETAILS

Date & Time……Speed……

Place……

Type of road surface……

Purpose for which the vehicle was being used at the time of accident……

If only parts were stolen from the vehicle, please give full details:……

……

Was the accident reported to the police? YES NO

Date reported……

Time reported……

Did the police visit the scene of the accident? YES NO

Name of police officer……Identity No……

Name of police station……

Please advise the current location of the damaged vehicle for inspection purposes and state whether mobile……

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6. STATEMENT BY DRIVER

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7. STATEMENT BY INSURED

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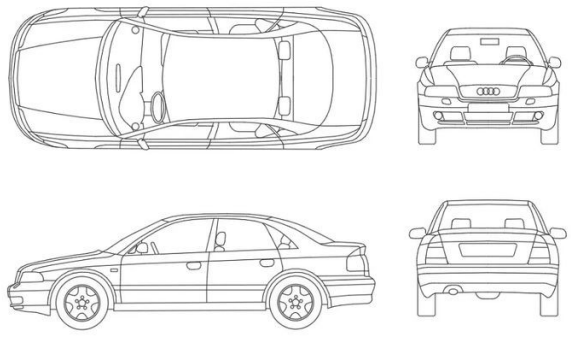
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8. Draw a sketch stating the approximate measurement(s) showing positions of vehicle(s) and person(s) involved. Also state the direction in which they were travelling. (include type and

position of traffic signs, skid marks, pedestrian crossings and any other relevant information where possible).

SKETCH

Mark the damaged areas relating to the accident



9. **PERSONS INJURED (COMPLETE ON AN ATTACHMENT PAPER IF MORE THAN ONE PERSON INVOLVED**

Name……..

Address……

Phone Number……

Nature of injury……

Name of hospital……

Name of doctor…… Telephone No……

10. THIRD PARTY PROPERTY DAMAGE

Name……

Property Details……

11. IF THE OTHER PARTY IS TO BLAME FOR THE ACCIDENT, PLEASE INDICATE:

Name of Owner……Tel No……

Name of Driver……

Physical address……..

Vehicle Reg. No…… Make……

Name of Insurer……

Period of Insurance……

DECLARATION

I do hereby to the best of my knowledge and belief, warrant the truth of the foregoing statements in every aspect and agree that if I have made any false or fraudulent statement, the policy shall be cancelled, and the claim forfeited.

I agree to provide additional information to the company if required.

Name of Insured…….. Signature……..Date……