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

CLAIMS RECOVERY FORM

INSURED DETAILS

INSURED NAMES: ……
CONTACT NUMBER: ……
ALTERNATIVE CONTACT NUMBER: ……
EMAIL ADDRESS: ……

VEHICLE AND INSURANCE DETAILS

MOTOR VEHICLE MAKE AND MODEL: ……
VEHICLE REGISTRATION NUMBER: ……
POLICY/COVER NOTENUMBER: ……
COVER PERIOD: ……

LOSS DETAILS:

DATE OF LOSS: ……
TIME OF LOSS: ……
PLACE OF LOSS : ……
DATE REPORTED TO THE POLICE: ……
NAME OF POLICE STATION : ……

DRIVER'S DETAILS

FULL NAMES: ……
DRIVER'S LICENCE NUMBER: ……
CONTACT NUMBER: ……
ALTERNATIVE CONTACT NUMBER:……
EMAIL ADDRESS:……
RESIDENTAIL ADDRESS:……
WORK ADDRESS:……

DETAILS OF THE PARTY TO BLAME FOR THE ACCIDENT

Do take note that since you were liable for the accident, you are liable for the claim and in this regard, NICO Insurance Zambia Limited will contact you for re-imbursement of claim costs as a result of the accident as soon the claim is processed.

STRICT REQUIREMENTS: THIRD PARTY DOCUMENTS

DOCUMENT	**SUBMITTED (TICK)**
COPY OF INSURANCE	

WHITE BOOK

DRIVING LICENCE

ADMISSION OF GUILT FORM

ACKNOWLEDGED DEMAND LETTER

MOTOR VEHICLE OWNER DETAILS

FULL NAMES: ……..
HOME ADDRESS: ……..
WORK ADDRESS: ……
CONTACT NUMBER: ……
WORK TELEPHONE NUMBER: ……
ALTERNATIVE CONTACT NUMBER: ……
EMAIL ADDRESS: ……..

VEHICLE AND INSURANCE DETAILS

MOTOR VEHICLE MAKE AND MODEL :……..
VEHICLE REGISTRATION NUMBER: ……
COLOR: ……
CHASSIS NUMBER: ……..
TYPE OF COVER: ……..
POLICY NUMBER: ……..
COVER PERIOD: ……..
NAME OF INSURER: ……

DRIVER'S DETAILS

FULL NAMES: ……..
DRIVER'S LICENCE NUMBER: ……..
CONTACT NUMBER: ……
ALTERNATIVE CONTACT NUMBER: ……
EMAIL ADDRESS: ……
RESIDENTAIL ADDRESS: ……
WORK ADDRESS: ……..

ALTERNATIVE CONTACT PERSON TO THE OWNER OF VEHICLE:

FULL NAMES: ……
CONTACT NUMBER: ……
EMAIL ADDRESS: ……..
RESIDENTAIL ADDRESS: ……
WORK ADDRESS:……..

DECLARATION

I do hereby to the best of my knowledge and belief, warrant the truth of the foregoing statements in every aspect. I agree to provide additional information to the company if required.

Driver and owner of the vehicle at Fault to complete below.

Owner: Received by……Date……

DRIVER IF DIFFERENT FROM THE OWNER:
Signature: ……Date……

WITNESSED BY THE INSURED:

INSURED: Signature: ……Date……

DRIVER IF DIFFERENT FROM THE INSURED:
Signature: ……Date……