

Communication and Approach Document in respect of your

Third Party Claim

“Without Prejudice”

Find herewith, third party claim form and a list of documents required from yourself. In order for your claim to be processed, you are required to complete this form and send it to us with the required documentation via the following email address; claimsmaintenance@zurich.co.za; or fax number **086 037 2022**; [Please ensure that you quote our insured’s claim number on each page].

Once we receive the completed claim form (attached herewith) and all the required documentation the claim will be processed as follows:

- 1) The claim will be allocated to a legal liability Negotiator who will then acknowledge receipt of your documents and request any outstanding documents or information. The advisor will also provide you with their contact details.
- 2) Please send through two quotations for the repair to quantify your damages.
- 3) Your claim as well as our insured’s claim will be validated and a decision to settle or refute your or our insured’s claim will be made.
- 4) The decision will be communicated to you in writing.
- 5) Please note that if we accept liability on the claim we will make an offer in writing to the registered owner of the vehicle or property.
- 6) From the date we receive all the required documents it will take an average of **30 working days** to process your claim and communicate our decision to you.
- 7) The witness statement form is required when the merits of the accident are in dispute and it should be completed by an independent witness.
- 8) We will communicate with you during the processing of your claim

THIRD PARTY CLAIM FORM

Please complete this form and return it back with the required documentation and information. Please Note that we will not be able to process your claim without the documents and information requested on the claim form.

[Please quote the claim number on each page].

Our Client Details

Claim number:

Client:

Third Party/Claimant Details

Full names of the Registered Owner of the vehicle/property:

Contact Details

Home Tel: _____ Work Tel: _____

Cell Number: _____ E-mail: _____

Fax No: _____

Who will be the contact/liaison person on your side for purposes of this claim?

Contact Details of liaison person if is not the registered owner

Home Tel: _____ Work Tel: _____

Cell Number: _____ E-mail: _____

Fax No: _____

Vehicle and contact information for purposes of appointing an assessor

Contact person if different from the above:

Contact Details:

Home Tel: _____ **Work Tel:** _____

Cell Number: _____ **E-mail:** _____

Fax No: _____

What are the registration numbers of your vehicle [on the number plate]? _____

What is the make of your vehicle? _____

What is the year model of your vehicle? _____

Is your vehicle drivable? [Yes / No] _____

Documentation required from a Third Party:

1. Vehicle Registration Certificate [Not the motor vehicle License/Renewal Certificate]; Please note the reason why we require a copy of your Vehicle registration certificate is to prove ownership in the event that you are claiming for damages on a vehicle.
2. Certified ID copy of registered owner;
3. Sketch and description of how the accident happened [to be done by the accident driver];
4. Certified Copy of your driver's License
5. Photographs of the damaged Vehicle/property
6. Photographs of the accident Scene
7. Quotations of the damage to your vehicle/property
8. If you have insurance and have elected not to claim from said insurance you are required to provide a letter from your insurer confirming that you will not be claiming from them for this Incident/accident; OR if you do not have insurance you are required to provide an Affidavit of non-insurance done by registered owner of the vehicle.

❖ **Note that we will only attend to your claim once in receipt of all the information and documentation as stipulated and or Requested.**

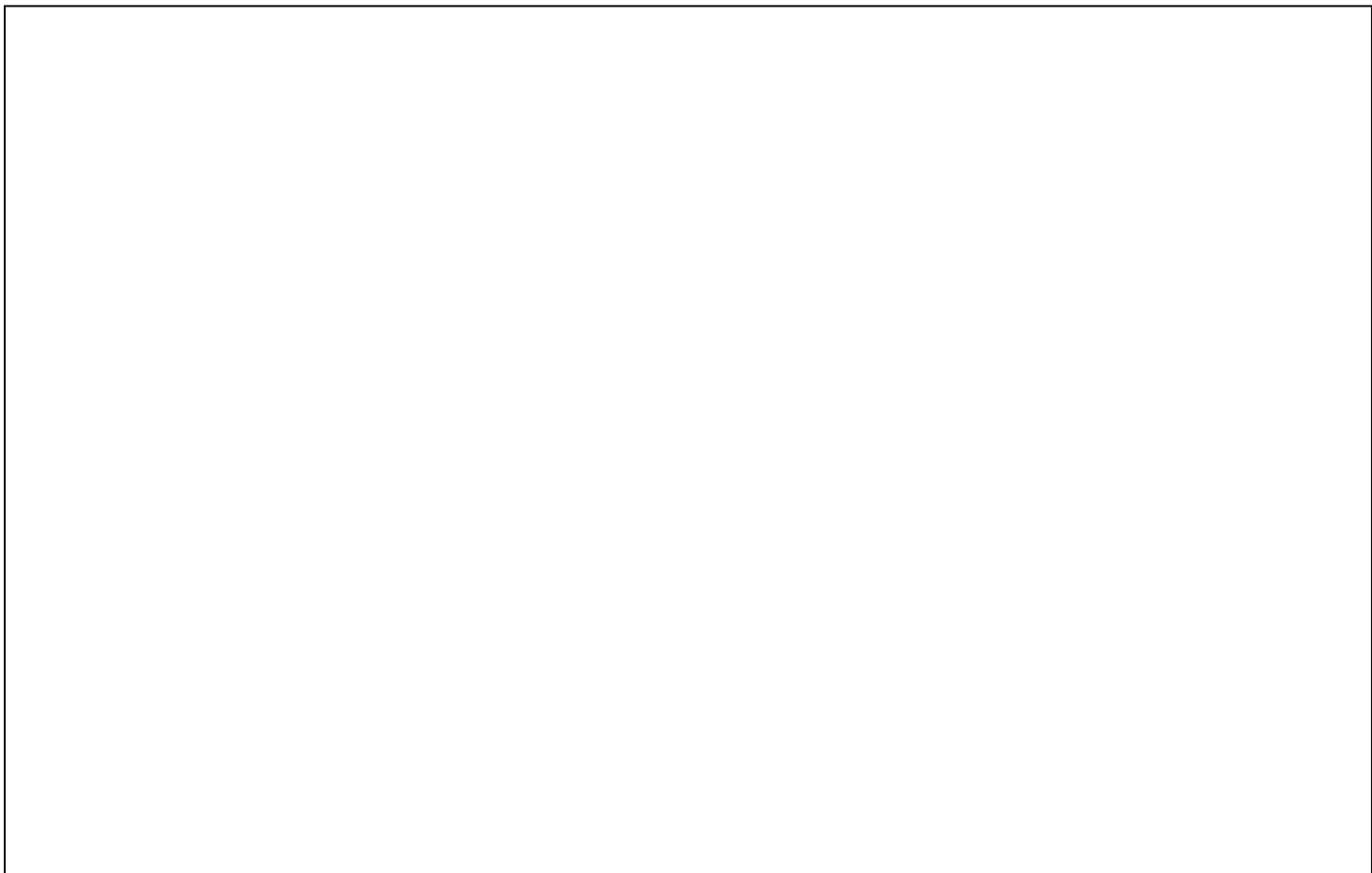
The Letter from your insurance company must have the following information:

- Policy number; Name of policyholder,
- Vehicle make & registration number;
- Date of accident; and
- Statement that you will not be claiming from them;
- Confirmation of your scope of cover and your basic excess.
- For property claims we require a copy of the owners utility bill to serve as proof of ownership

Accident Sketch:

Please draw a sketch showing how the accident happened and indicate where you were at the time of the accident:

Signature: _____ Date: _____



If you have an independent witness, [not a passenger in your vehicle], please request your witness to complete the Witness Statement Form below and attach their sketch and description of the accident:

WITNESS STATEMENT FORM

Witness Details:

Full Names:

Home Address:

Business Address:

Home Tel: _____ Work Tel: _____

Cell Number: _____ E-mail: _____

When, where and how did the accident happen:

Date of accident: _____ Time: _____

Weather Conditions: _____ Visibility: _____

Street/Intersection:

Suburb/Town: _____

Vehicles involved:

Did you have a clear view of the accident? _____

Where were you at the time of the accident? _____

Were there any other witnesses on the accident scene? If so, please give us their names and contact details:

Accident Description by independent witness:

Please give a detailed description of how the accident happened:

Accident Sketch: (Kindly Utilize the Following Page)

Please draw a sketch showing how the accident happened and indicate where you were at the time of the accident:

Signature: _____ Date: _____

