

Eagle Insurance Company Limited



Eagle House
105 Jason Moyo Avenue
P.O. Box 2894
HARARE

Phone 708212/9
Fax 797135

All communications to be addressed to the company

Our reference:

Your Reference:

Our Claim Number :

Date:

Officer In Charge
Zimbabwe Republic Police

Dear Sirs

Please be kind enough to complete and return the original of this form to ourselves.

TAB/RRB No.	Date of Accident:
Place of Accident	Time:

Details	First Vehicle	Second Vehicle	Third Vehicle
Driver			
Address			
Telephone Number			
Employer			
Vehicle Make			
Registration No			
Registered Owner			
Insurance Company			

1. Please provide names and details of injuries/deaths
2. No criminal action is contemplated against either party
3. Criminal Action is contemplated against
4. The collision is under investigation and papers will be forwarded to the Public Prosecutor for his decision
5. A deposit fine of \$ _____ was paid by _____ for driving _____
6. The case appeared in the Magistrates Court at _____ on _____ when _____ was convicted of _____

Signed..... DateStamp.

Eagle Insurance Company Limited



WINDSCREEN BREAKAGE CLAIM FORM

THE ISSUE OF THIS CLAIM FORM IS NOT AN ADMISSION OF LIABILITY

POLICY No.:.....

INSURED.....

NAME IN FULL.....

ADDRESS.....

..... P.O. BOX

INSURED VEHICLE:

MAKE AND TYPE

REGISTRATION No.

YEAR OF CONSTRUCTION

.....

DRIVER:

NAME IN FULL.....

ADDRESS

DATE OF BREAKAGE:.....

CAUSE OF BREAKAGE:.....

.....

PLACE.....

SIGNED:.....

DATE:.....

Eagle Insurance Company Limited



THEFT NOTIFICATION

1. INSURED POLICY NO.....
ADDRESS
..... CONTACT PHONE:.....

2. VEHICLE MAKE..... YEAR
MODEL REG. NO.
RADIO MAKE, MODEL & YEAR
SPEEDO ALARM FITTED – Yes/No AMOUNT OF FUEL.....

3. GENERAL INFORMATION : N.B. "Operator" means person in whose custody keys were at the time of the theft.

a) Operator's Name.....Contact Phone.....
Address.....

b) Did he have Insured's permission to operate vehicle?.....

c) For what purpose was vehicle being used?.....

d) Date reported to Police..... which Police Station.....

Police I/R No. or RRB No. **NB certified copy of initial Police Report**

Containing driver's statement must be attached

e) Was vehicle securely locked?.....

f) Are keys still in your possession Yes/No If "Yes", please forward with form

g) Hire Purchase amount owing to whom

h) Is vehicle insured with any other company?.....

i) Colour of Vehicle.....

j) Any visible marks that will assist in identifying vehicle.....

k) Do your suspicions rest on someone, if so give details.....

4. Detailed statement or circumstances leading to theft of vehicle

Date of Theft Timeam/pm

Place of Theft Town

I.....(full name on Insured/Operator)

hereby declared that.....

.....and that the foregoing information is true and correct

Date Signature of Operator

Date Signature of Insured

