



New Claim Notification

1. Customer Details				
Name			Policy Number	
Claim Number		Policy Cover	Excess	
Customer Ref				

2. Driver Details				
Driver Title		Driver Initial		Driver Surname
No of years licence held?		Registration No	Make / Model	
Ownership	LEASED / HIRED / OWNED (delete as needed)			
Drivers Address				
Drivers Date of Birth				

3. Accident Details				
Incident Date		Incident Time		
Incident Address				Postcode
Incident Description (attach a sketch plan and any useful photos if relevant)				
Who do you feel was at fault for the accident and why?				
Own Damage Description (if NONE say so)				
Location of Vehicle		Vehicle Driveable		
Repairer		Booking in Date if known		

4. Third Party Details				
Claimant Title		Claimant Initial		Claimant Surname
Address				Postcode
Registration number		Make and model		
Insurer's name		Insurer's address		
Apparent damage				
Anyone Injured?		No of passengers in the vehicle		
Did emergency services attend?		Phone Number		

5. Witness Details				
Witness Title		Witness Initial		Witness Surname
Address			Postcode	Type of witness
			Phone number	

6. Other Details			
What was the vehicle being used for?		Driver occupation eg full time, part time, family or approved driver	
State the cause of the accident		Department	

Classification of road		Description of injury	
What sort of area is the road in?			
PLEASE RETURN THIS FORM TO: Zmnewmotorclaims@uk.zurich.com			
COPY TO: Fax: 01489 579013			