

# 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..... Date .....Stamp.

# 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 ..... Time  
.....am/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  
.....