








eClaim form

# Motor – accident


<b>1. Insured</b>		Please complete as fully as possible		Zurich Claim Number	
Name	JACK CHAN		Policy Number	12 345 67	



<b>2. Accident</b> – Please note that we have a separate claim form for <b>Motor Fire and Theft</b> .					
Date	08/11/2023		Time	14:36	
What was the vehicle being used for?			Driving		
State the cause of the accident			Other drive Tailgating me		
Classification of road			Highway		
What sort of area is the road in?			Rightmost lane of the highway		
Detailed description of the accident (if a sketch is required, please print this form and attach)			I was tailgated by another car for 5 minutes on the highway before they crashed into me due to there being no safety distance between us		
Who do you feel was at fault for the accident and why?			The other party, they were the one tailgating me		
Incident address	94c Sees Bezirk Meilen Zurich Switzerland			Postcode	8603
Weather conditions	Night time, but clearly lit by streetlights		Speed limit for the road	80 mph	
Speed of your vehicle before accident	60 mph		Speed of your vehicle at moment of impact	60 mph	
What lights were showing?	None		Was any warning given?	No	
Insured vehicle speed	60 mph				

<b>3. Your vehicle</b>					
Type		Porsche	Make and model	Cayenne	
Is vehicle owned/hired/leased/loaned?		Owned			
If you do not own the vehicle, who is the registered keeper?					
Registered keeper's address				Phone number	
Vehicle c.c.		Year of manufacture		Registration number	

<b>4. Damage to your vehicle</b>					
Description of damage		Rear lights broken and not working, trunk of car heavily dented	Is the vehicle drivable/mobile?	Yes	
Area of damage	Rear of car				
Where is the vehicle now?	Home		Where can it be inspected?	Home	
Have you previously contacted us to arrange an inspection?	Yes	If so, did you contact our Motor Engineers, or our Motor Claims Centre?	Yes	On what date?	11/08/2023
Attach estimate or indicate approximate cost of repair	500	Is the vehicle likely to be beyond economical repair?	No		
Name of repairer	John		Phone number	12345678	
Address of repairer			Postcode		

Please provide details of other vehicles in the 'Additional Information' section below.

<b>5. Details of injuries to third party or passengers</b>					
Title	Mr	Initial	L	Surname	Chan
Address	Grossmatt 76, Biel/bienne				
Postcode	500		In which vehicle were they travelling?	Mine	
State whether driver, passenger, pedestrian			Passenger		
Description of injury			Serious head injury		

State whether medical attention needed and name/address of hospital		<b>Yes, Zurick Hospital</b>
Claimants occupation		<b>Banker</b>
Claimants employment status		<b>employed</b>

Please provide details of other injured parties in the “Additional Information” section below.

Please provide details of other witnesses in the ‘Additional Information’ section below.

<b>6. Witnesses</b> (if applicable)					Type of witness	
Title		Initial		Surname	Phone number	
Address					Postcode	

<b>7. Police details</b>			
Were the Police informed?	<b>Yes</b>	Did they attend?	<b>Yes</b>
Are charges pending?	<b>Yes</b>	If so, against whom?	<b>Other party</b>
Give name and number of officer	<b>John</b>	Give address of station	<b>Zurich Police station</b>