To be completed and retained by company driver:

ZURICH MUNICIPAL

Third party name.....

Third party daytime contact number, mobile if possible

.....

No. of passengers.....Vehicle reg.....

Make and model.....

Address.....

Damage to other vehicle.....

Witness.....Phone.....

To be completed and handed to the Third Party:

On the date of..... at the time of .....

our vehicle registration number.....driven by

.....has been involved in an incident

with you at the location of.....

Our insurers are Zurich Municipal and they will contact you soon to let you know the next steps.

If you haven't heard from them within the next 48 hours please telephone **08700 100186**

quoting policy number ...NHE-01CA10-0013

To the Third Party:

ZURICH MUNICIPAL

If you wish to contact Zurich Municipal directly, please write to:

Zurich Municipal Motor Claims
PO Box 3322, Interface Business Park,
Swindon SN4 8XW

Or email: zmmotorclaimsoffice@uk.zurich.com
Tel: 08700 100186
Fax: 01489 589413

In all correspondences, please provide all the information on the reverse of this card.

Accident Card

ZURICH MUNICIPAL

If your vehicle is involved in an accident:

1. Stop
2. Do not admit liability
3. Call the appropriate emergency services if required
4. Obtain details of the third party involved and their insurer
5. Obtain names and addresses of any witnesses
6. Take photos where appropriate and safe to do so
7. Complete and tear off the bottom half of this card and hand to the third party
8. Report the incident to **01489 882110**
9. Contact your fleet manager/supervisor/insurance department if appropriate

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