

Motor Theft Claim Form



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to Zurich Insurance Company South Africa Limited Registration number: 1965/006764/06 VAT number: 4530103581 15 Marshall Street, Ferreirasdorp, Johannesburg 2001, PO Box 61489, Marshalltown 2107 Authorised Financial Services Provider 17703

The information that is sought herein is not intended to be an exhaustive list and Zurich accordingly reserves the right to request any further information deemed appropriate while investigating the claim.

Broker/Agent				Claim number		
Policy Number				'		
Insured	Claim number					
	Policy number					
	Company name / Surname and initials					
	Company registration number					
	Identity number					
	VAT number					
	Business or occupation					
	Physical address					
	Postal address					
	Telephone numbers	Business			Cell	
		Home				
	Make			Peculiar i	dentification marks e.g. dents and stickers	
	Model					
Vehicle	Year			Pre-existi	ng damage	
	Registration number					
	Kilometres completed					
	Vehicle identification no. (Vin)					
	Chassis number					
	Engine number					
	Exterior colour					
	Interior colour					
Finance company	Name					
	Branch					
	Account number					
	Type of agreement					
"	Outstanding amount					

ner	Name								
Owner	Identity number								
	Date								
	Time								
	Place								
	Police station								
	Case number								
	Date reported								
	Reported by								
	Circumstances								
Theft									
	Was the vehicle								
	locked? If not, give reasons								
	Details of stolen accessories (Please attach invoices). Are these separately insured?								
	Anti-theft/vehicle								
	recovery device details								
	Please attach proof of device								
	Details of window	Number							
	markings	Applied by whom							
	Details of scratches,								
	dents, defects								
	Details of other								
	features which would assist								
	identification					,			
	Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and								
	obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more details in this regard.								
hod	You may select, for add	ded security, payment o	of any amount due to yo	u directly into a bank	account. Please spec	ify the name of the bank, branch,			
Payment Method	Name of bank			Branch					
				branch					
Pa	Name of account			Account number					
ے	I/We hereby declare the	foregoing particulars to b	pe true in every respect.			·			
Declaration									
Decla									
[_	Sign	ature of Driver		Capacity	_	Date			