



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	
	Home		
Vehicle	Make		Peculiar identification marks e.g. dents and stickers
	Model		
	Year		Pre-existing 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		

Owner	Name			
	Identity number			
Theft	Date			
	Time			
	Place			
	Police station			
	Case number			
	Date reported			
	Reported by			
	Circumstances			
	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 markings	Number			
	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.

Payment Method	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.			
	Name of bank	<input style="width: 150px;" type="text"/>	Branch	<input style="width: 150px;" type="text"/>
	Name of account	<input style="width: 150px;" type="text"/>	Account number	<input style="width: 100px; height: 20px;" type="text"/>

Declaration	I/We hereby declare the foregoing particulars to be true in every respect.		
	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Signature of Driver	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Capacity	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date