

Motor Assessor's Report Request Sheet



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
 70 Fox Street, 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.

To	CPU, Cape Town	From	
Fax	0860 02 80 20	Telephone No.	
Date		Fax	
Number of pages		E-mail	

Broker	
Broker's Claim No.	
Zurich Policy No. (Compulsory)	Zurich Claim No.

Insured details	Insured details	Telephone No.				
	Insured ID number	Sales area				
	Date of accident	Excess				
	Vehicle	Model		Year		
	Registration	Sum insured				
	VIN No.					
	Hire purchase (if any)					
	Inspect vehicle at				Date	
	Repairs can be authorised subject to compliance with policy conditions and finalisation of quantum	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Brief details of accident including point of impact on vehicle					
	Is the vehicle driveable?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Assessment Centre	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Driver alleges mechanical/tyre failure Yes <input type="checkbox"/> No <input type="checkbox"/>
	If "YES" give details					
	Vehicle towed after accident	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If "YES" by which company?
Telephone No.			From	To		
Name of driver			Driver's ID No.			

N.B. Enlarged copy of insured driver's licence as well as group scheme policy schedule to be attached