



# 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	<b>CPU, Johannesburg</b>	From	
Fax	<b>0860 37 20 20</b>	Telephone No.	
Date		Fax	
Number of pages		E-mail	

<b>Broker</b>	
<b>Broker's Claim No.</b>	
<b>Zurich Policy No.</b> (Compulsory)	<b>Zurich Claim No.</b>

<b>Insured details</b>	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**