

New Claims Registration Cover Sheet



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to
Zurich Insurance Company South Africa Limited
 70 Fox Street, Johannesburg, 2001 PO Box 61489, Marshalltown, 2107
 Registration No. 1965/006764/06
 Authorised Financial Services Provider No. 17703

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

To	CPU, Cape Town	From	
Fax	0860 02 80 21	Telephone No.	
Date		Fax	
Number of pages		E-mail	

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

Insured	Insured details			
	Insured I.D. number			
	Date of loss			
	Details of claim			
	Policy section	Estimate		
	Make of vehicle	Reg No.	Date	

Checklist	General		Yes	No
	Completed claim form			
	List of goods			
	Quotes			
	Group Schemes		Yes	No
	Policy Schedule			
	Premium Confirmation			
	Assessor appointed			
	Motor		Yes	No
	Driver's licence - ENLARGED COPY			
	Copy of ID document/Driver's I.D No.			
	Third party details			
	VIN number of vehicle			
	Stolen vehicles additional		Yes	No
	Keys and spare keys			
Deregistration certificate				
Copy of registration document				