

# 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	<b>CPU, Cape Town</b>	From	
Fax	<b>0860 02 80 21</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>Insured</b>	Insured details	
	Insured I.D. number	
	Date of loss	
	Details of claim	
	Policy section	Estimate
Make of vehicle	Reg No.	Date

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