

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
 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 its right to request any further information it deems 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											
	Insured I.D. number						Sales area					
	Date of accident						Excess					
	Vehicle						Model	Year				
	Registration						Sum insured					
	VIN No.						Estimate					
	Hire purchase (if any)											
	Vehicle sent to repairer by									Date		
	Repairs can be authorised subject to compliance with policy conditions and finalisation of quantum	Yes		No								
								Telephone No.				
	Inspected at											
	Brief details of accident including point of impact on vehicle											
Is the vehicle driveable?	Yes		No		Auto Assess			Yes		No		
Assessment Centre	Yes		No		Driver alleges mechanical/tyre failure			Yes		No		
If "YES" give details												
Vehicle towed after accident						Yes		No				
If "YES" From						To						
Name of driver						Driver's ID No.						

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