

Fax

New Claims

0860 37 2021

New Claims RegistrationCover 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 15 Marshall Street, Ferreirasdorp 2048 Johannesburg, 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.

From

Telephone No.

	Date						ax				
	Number of pages						-mail				
	Broker										
	Broker's Claim No.										
	Zurich Policy No. (Compulsary)										
Insured	Insured details										
	Insured I.D. number										
	Date of loss										
	Details of claim										
	Policy section					Estimat	2				
	Make of vehicle					Reg No			Date		
Checklist	General									Yes	No
	Completed claim form										
	List if goods										
	Quotes									\bigcirc	
	Group Schemes									Yes	No
	Policy Schedule										
	Premium Confirmation										
	Assessor appointed										
	Motor									Yes	No
	Driver's licence-ENL	ARGED COPY									
	Copy of ID docume	nt/Driver's I.D. No.									
	Third party details										
	VIN number of vehi	cle									
	Stolen vehicles ac	lditional								Yes	No
	Keys and spare keys										
	Deregistration certif	icate									
	Copy of registration	document									