

Motor Theft Claim Form



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

Broker/Agent		Claim number	
Policy Number			
Insured	Claim Number		
	Policy Number		
	Company name/ surname and initials		
	Company registration number		
	Identity number		
	VAT number		
	Business or occupation		
	Physical address		
	Postal address		
	Telephone numbers	Business	Cell
	Home		
Vehicle	Make		Peculiar identification marks e.g. dents and stickers
	Model		
	Year		Pre-existing damage
	Registration number		
	Kilometers completed		
	Vehicle Identification No. (Vin)		
	Chassis number		
	Engine number		
	Exterior colour		
	Interior colour		
Finance company	Name		
	Branch		
	Account number		
	Type of agreement		
	Outstanding amount		

