

# 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

<b>Broker/Agent</b>		Claim number	
<b>Policy Number</b>			
<b>Insured</b>	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		
<b>Vehicle</b>	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			
<b>Finance company</b>	Name		
	Branch		
	Account number		
	Type of agreement		
	Outstanding amount		

<b>Owner</b>	Name	
	Identity number	

<b>Theft</b>	Date		
	Time		
	Place		
	Police station		
	Case number		
	Date reported		
	Reported by		
	Circumstances		
	Was the vehicle locked? If not, give reasons		
	Details of stolen accessories (Please attach invoices) Are these separately insured?		
	Anti-theft/vehicle recovery device details		
<b>Please attach proof of device</b>			
Details of window markings	Number		
	Applied by whom		
Details of scratches, dents, defects			
Details of other features which would assist identification			

**Insurers share information with each other regarding domestic policies and claims with a view to prevent fraudulent claims and obtain material information regarding the assessment of risks proposed for insurance. Please refer to the Consent Clause on the policy schedule for more**

<b>Payment method</b>	You may select, for added security, payment of any amount due to you directly into a bank account. Please specify the name of the bank, branch, name of account and account number.	
	Name of bank	Branch
	Name of Acc.	Acc. No.

<b>Declaration</b>	I/We hereby declare the above particulars are true in every respect.	
	Signature of Driver	Capacity
		Date