Motor Theft Claim Form



Policy number			Claim number	
roker				
Broker name				
Claim number				
Policy number				
nsured				
	e/surname and initials			
	tration number			
VAT number			Identity number	
Occupation or	business			
	~			
Physical addre			Pos	tal code
Postal address				
			Pos	tal code
Telephone	Business	Home	Pos	tal code Cell
Telephone	Business	Home	Pos	
Telephone 'ehicle	Business	Home		
	Business	Home	Pos	
ehicle	Business	Home		
'ehicle Make	Business	Home	Model	
f ehicle Make Year		Home	Model Registration number	Cell
Yehicle Make Year Registration	npleted	Home	Model Registration number Value	Cell
Y ehicle Make Year Registration Kilometers con	npleted	Home	Model Registration number Value Vehicle identification no.	Cell
'ehicle Make Year Registration Kilometers con Chassis numbe	npleted	Home	Model Registration number Value Vehicle identification no. Engine number	Cell
'ehicle Make Year Registration Kilometers con Chassis numbe	npleted rr	Home	Model Registration number Value Vehicle identification no. Engine number	Cell
'ehicle Make Year Registration Kilometers con Chassis numbe Exterior colour	npleted rr	Home	Model Registration number Value Vehicle identification no. Engine number	Cell
Tehicle Make Year Registration Kilometers con Chassis numbe Exterior colour inance com	npleted rr pany	Home	Model Registration number Value Vehicle identification no. Engine number Interior colour	Cell
Yehicle Make Year Registration Kilometers con Chassis numbe Exterior colour inance com Name	npleted er pany er	Home	Model Registration number Value Vehicle identification no. Engine number Interior colour	Cell
Yehicle Make Year Registration Kilometers con Chassis numbe Exterior colour inance com Name Account numb	npleted er pany er	Home	Model Registration number Value Vehicle identification no. Engine number Interior colour	Cell
Yehicle Make Year Registration Kilometers con Chassis numbe Exterior colour inance com Name Account numb	npleted er pany er	Home	Model Registration number Value Vehicle identification no. Engine number Interior colour	Cell

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6 Owner Name

Identity number

Motor Theft Claim Form - 1/2

Date D D M M Y E A F	Time	
lace		
Police station reference number	Date reported D D M M Y E A R	
Circumstances		
Vas the vehicle locked? If not give reasons		
Details of stolen accessories. (Please attach invoices). Are t	hese separately insured?	
nti-theft/vehicle recovery device details		
Date D D M M Y E A F	Make	Please attach proof of device
itted by		proof of device
etails of window markings		
	Applied by whom	
lumber		
Jumber Details of scratches, dents, defects		Please attach
		the vehicle keys
Details of scratches, dents, defects		the vehicle keys, a copy of the registration
		the vehicle keys, a copy of the

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 details in this regard.

8	Payment method					
		nay select, for added security, for payment of any amount due to you to be made directly into a bank account. e specify the name of the bank, branch, name of account and account number.				
	Name of bank	Branch				
	Name of account	Account No.				
9 I/We hereby declare the foregoing particulars to be true in every respect.						
	Capacity	Signature of Insured				
	Date D D M M Y E A R					

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

Zurich Insurance Company South Africa Limited Registration number: 1965/006764/06 VAT number: 4530103581 70 Fox Street, Johannesburg, 2001 PO Box 61489, Marshalltown, 2107 Authorised Financial Services Provider Motor Theft Claim Form – 2/2



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