

MOTORCYCLE ALL RISKS CLAIM FORM



On Behalf of Zurich Insurance Company South Africa Limited
 Registration Number Registration Number 1965/006764/06
 VAT Reg No 4530103581

Every question must be answered fully (can be answered in English or Afrikaans). The abbreviation N/A should be used where the question is not applicable. The Company does not admit liability by the issue of this form.

INSURED		POLICY NO.	
BUSINESS OR OCCUPATION		TELEPHONE NUMBER	()
ADDRESS		EMAIL ADDRESS	
BROKER			

DETAILS OF LOSS

Address at which loss or damage occurred	
Date and time of the loss or damage	
Describe fully how the loss or damage occurred	
Statement of property lost, stolen or damaged	
Have you previously suffered a loss?	
Full description of previous claims/losses	

POLICE DETAILS

Reported to the police?		If not, why?	
Police Station		Reference	
Are you the sole owner of the lost or damaged property?			
If not, provide full particulars of the other parties concerned			

DECLARATION

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We hereby waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I/we consent to such information being disclosed to any other insurance company or its agent. I/We also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/we represent.

I/We further declare that all the particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occasioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

SIGNATURE OF INSURED CAPACITY..... DATE