Reporting instructions

Zurich is committed to delivering fast, fair and accurate claim service. Delivering when it matters is our most important promise to our valued customers. Reporting detailed loss information to Zurich quickly will enable us to provide the best service.

At the time of an auto accident or loss, please collect as much information as possible as outlined on this claim form. Then, report the claim to our Customer Care Center immediately, or as soon as practical.

You can report your claim to Zurich via any of the following channels:

- **(Preferred method) Call our Care Center** at 800-987-3373, available 24/7.
- On-line at Zurichna.com, click Claims, then ZNA On-line Claims, then Automobile.
- Fax: 877-962-2567
- Mail this completed form to: Colorado Springs Care Center P.O. Box 968017 Schaumburg, Illinois 60196
- Email: USZ_CareCenter@Zurichna.com

This pamphlet is provided for informational purposes only. Please consult with qualified legal counsel to address your particular circumstances and needs. Zurich is not providing legal advice and assumes no liability concerning the information set forth above.

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### Policy holder information
- Company name
- Policy number
- Contact name
- Email address
- Address
- Phone number

### Accident description
- Date
- Time
- Street
- City
- State
- Loss description
- Details of loss description:

### Insured vehicle information
- Driver's name
- Driver's address
- Driver's email address
- Driver's phone number
- Make
- Model
- Color
- Year
- Vehicle identification #
- License plate #
- Drivable or non-driveable
- Current location
- Damage description:

### Other vehicle information
(or property description if not a vehicle):
- Driver’s name
- Driver’s address
- Driver’s email address
- Driver’s phone number
- Make
- Model
- Color
- Year
- Vehicle identification #
- License plate #
- Drivable or non-driveable
- Current location
- Damage description:

### Other vehicle information (Vehicle #3):
- Driver’s name
- Driver’s address
- Driver’s email address
- Driver’s phone number
- Make
- Model
- Color
- Year
- Vehicle identification #
- License plate #
- Drivable or non-driveable
- Current location
- Damage description:

### Pedestrian Information
- Name
- Address
- Email address
- Phone number
- Injury description:

### Witnesses
- Name
- Address
- Email address
- Phone number
- Other details:

### Police report
- Police department that responded
- Report number