

Property Loss/Damage 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 its right to request any further information it deems appropriate while investigating the claim

Broker/Agent																							
Policy Number		I.D. number																					
Insured	Name and Occupation																						
	Address and Day Tel No.																						
Loss/damage occurrence	Date and time of loss/damage																						
	When was the loss/damage discovered?																						
Loss/damage place	Place where loss/damage occurred																						
	Were premises occupied? By whom?																						
	If not occupied, when last occupied?																						
	Purpose of occupation																						
Cause of Loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises																						
	If loss/damage was caused by another party give name and address																						
Previous Loss/damage	Have you previously suffered loss/damage?																						
	If so, provide details																						
	If insured, provide name of insurer																						
Police	Police station, case number and date reported																						
Other interest	Has any other party an interest in the insured property e.g. Credit agreement? If so provide name and interest																						
Other insurance	Is there any other insurance covering this loss/damage?																						
	If so, provide name of insurer																						
Value	Estimated total value of all the property insured under the policy																						
	When last valued?																						
Payment method	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.											
Declaration	I/We declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.																						
	Insured signature							Capacity							Date								

Statement of Property Lost, Stolen or Damaged

N.B. - Claims in respect of damage to buildings must be accompanied by a builder's estimate.

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.

Number	Description of property	Date acquired	From whom purchased or acquired	Value	Deduction for wear and tear or depreciation or value of salvage	Amount claimed