



# Property loss/damage claim form



Zurich Insurance Company South Africa Limited  
 Registration number: 1965/006764/06 VAT number: 4530103581  
 15 Marshall Street, Ferreirasdorp, Johannesburg, 2001  
 PO Box 61489, Marshalltown, 2107  
 Authorised Financial Services Provider

BROKER/AGENT																				
POLICY NUMBER		ID number																		
Insured	Name and occupation																			
	Address and (day) telephone number																			
Loss/damage occurrence	Date and time of loss/damage																			
	When was 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 premises																			
	If loss/damage was caused by another party give name and address																			
Previous loss/damage	Have you previously suffered loss/damage?																			
	If so, give details																			
	If insured, provide name of insurer																			
Police	Police reference number and station and date reported																			
Other interest	Has any other party an interest in the insured property, e.g. credit agreement?																			
Other insurance	Is there any other insurance covering this loss/damage?																			
	If so, give 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, for payment of any amount due to you to be made directly into a bank account. Please specify the name of the bank, branch, name of account and account number.																			
	Name of bank	<input type="text"/>	Branch	<input type="text"/>																
	Name of account	<input type="text"/>	Account number																	
Declaration	I/We solemnly 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's 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