

# Non-motor Claims under R20 000



Please complete this claim form in BLOCK CAPITALS and send it to your broker or to  
**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

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                                            | ID number |  |  |
| Insured                                                  |           |  |  |
| Home address                                             |           |  |  |
| Telephone number (Day)                                   |           |  |  |
| Date and time of loss/damage                             |           |  |  |
| Place where loss/damage occurred if different from above |           |  |  |
| Details of how loss/damage occurred                      |           |  |  |
| Have you previously suffered loss/damage?                |           |  |  |
| Police station and reference number                      |           |  |  |
| Is there any other insurance covering this loss/damage?  |           |  |  |

## DETAILS OF PROPERTY LOST, STOLEN OR DAMAGED

| Description of property | Value | Amount claimed |
|-------------------------|-------|----------------|
|                         |       |                |
|                         |       |                |
|                         |       |                |
|                         |       |                |
|                         |       |                |

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.

## PLEASE SUPPLY A QUOTATION IN RESPECT OF ITEMS CLAIMED

### 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 complete details below:

|                 |  |                |  |
|-----------------|--|----------------|--|
| Name of bank    |  | Branch name    |  |
| Name of account |  | Branch number  |  |
| Type of account |  | Account number |  |

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated 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

Date