



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

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