

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
 70 Fox Street, 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	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	Branch name	<input type="text"/>
Name of account	<input type="text"/>	Branch number	<input type="text"/>
Type of account	<input type="text"/>	Account number	<input type="text"/>

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	<input type="text"/>	Date	<input type="text"/>
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