

# Non-motor Claims Under R5 000



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

<b>Broker/Agent</b>	
<b>Policy Number</b>	

<b>Insured</b>	Name and Occupation	
	Home address	
	Telephone number (Day)	
	Date and time of loss/damage	
	Place where loss/damage occurred if different from above	
	Have you previously suffered loss/damage	
	Police station and case 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**

<b>Payment method</b>	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.

<b>Declaration</b>	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.		
	<table border="0" style="width: 100%;"> <tr> <td style="width: 33%; text-align: center;">Insured signature</td> <td style="width: 33%; text-align: center;">Capacity</td> <td style="width: 33%; text-align: center;">Date</td> </tr> </table>	Insured signature	Capacity
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I.D. number