

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

| | | |
|----------------------|--|--|
| Broker/Agent | | |
| Policy Number | | |
| Insured | 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 | | | |
|---|-------------------------|-------|----------------|
| Details of property | Description of property | Value | Amount claimed |
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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, 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 | <input type="text"/> | Branch <input type="text"/> |
| | Name of Acc. | <input type="text"/> | Acc. No. <input type="text"/> |

| | | | |
|--------------------|--|----------|------|
| 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 |

I.D. number