



ZURICH®

Home insurance claim form

Please return to:

Broker Reference Number
(For office use only)

Zurich Claim Number
(For office use only)

Zurich Policy Number

Important Notes to be read before completing this form

1. Please fill in all sections of the form. A fully completed form will help us to deal with your claim more efficiently.
2. The form should be completed in **Block Capitals**.
3. If you need more space to answer any of the questions, please use a separate sheet and attach it to this form.
4. Please submit original documents in support of your claim as copies are unsuitable.
5. Zurich Insurance plc does not admit liability by issuing this form.

Warning – Fraud

The information supplied to us by you may be held on computer and passed to other insurers for underwriting and claims purposes. Under the conditions of your policy you must tell us about any Insurance related incidents (such as fire, water damage, theft or an accident) whether or not they give rise to a claim. When you tell us about an incident we will pass information relating to it to a database. We may search these databases when you apply for insurance, in the event of any incident or claim, or at time of renewal to validate your claims history or that of any other person or property likely to be involved in the policy or claim.

In order to prevent and detect fraud we may at any time: Share information about you with other organisations and public bodies including the Police; Check and/or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this. We and other organisations may also search these agencies and databases to: Help make decisions about the provision and administration of insurance, credit and related services for you and members of your household; Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your accounts or insurance policies; Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity; Undertake credit searches and additional fraud searches. We can supply on request further details of the databases we access or contribute to.

Details of Policyholder

Name of Insured

Insured Postal Address

Town

County

Post Code

Policy Number

Business or Occupation

Daytime Tel No. (inc. STD)

Evening Tel No. (inc. STD)

Please answer all the following questions:

1. When did the loss/damage occur? Date

Time

am/pm

2. Address or location where the loss or damage occurred.

Please tick box

3. Is any Business conducted from the Home?

Yes

No

If 'Yes', give details:

4. Please give particulars of any Building Society/Bank interest in the property if this claim is made under the **Buildings Section** of the Policy:

Building Society/Bank:

Roll/Reference Number:

Please tick box

5. Was the Home furnished and occupied at the time of loss or damage?

Yes

No

If 'No', when was it last:

furnished?

occupied?

Please tick box

6. Is the Home occupied by anyone other than a member of your family?

Yes

No

If 'Yes', who?

Please tick box

7. Are you the sole owner of the property lost/damaged?

Yes

No

If 'No', give details of any other interested party:

Please tick box

8. Are there any other insurances covering the loss?

Yes

No

If 'Yes', give details:

