

Home insurance claim form

Zurich HelpPoint™

Please return to:

You are able to type your answers into this form and save it onto your computer at any point while you are completing it by clicking the "Save" button at the end of the form. Once you have completed the form you can email it to Zurich using the "Send" button at the end of the form. Alternatively you can print it off and post it to relevant address below.

**If you live on the British mainland,
please send this form to:**

Zurich Insurance plc
Property Claims Centre
PO Box 3301
Swindon
SN4 8WQ

Telephone: **0845 300 4055**

**If you live in Northern Ireland
please send this form to:**

Zurich Insurance plc
Personal Insurances
Claims Department
Fusion Point
Tresillian Terrace
Cardiff CF10 5DA

Telephone: **0845 601 0869**

Broker Reference Number

(For office use only)

Zurich Claim Number

(For office use only)

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. If completing this form by hand please use 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 does not admit liability by issuing this form.
6. The Send and Save functions will only operate if you are using Adobe Acrobat Reader 7.0 or above.

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
 - 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
- 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

Postcode

Policy Number

Business or Occupation

Daytime Tel No. (inc. STD code)

Evening Tel No. (inc. STD code)

Please answer *all* the following questions:

1. When did the loss or damage occur?

Date (dd/mm/yy)

Time (am/pm)

2. Address or location where the loss or damage occurred

Address

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:

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

Yes

No

If 'No', when was it last:

Furnished? (dd/mm/yy)

Occupied? (dd/mm/yy)

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

Yes

No

If 'Yes', who?

Name

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

Yes

No

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

8. Are there any other insurances covering the loss or damage?

Yes

No

If 'Yes', give details:

9. Have you any reason to suspect that the loss or damage arose through the actions of any particular person?

Yes No

If 'Yes', give details:

10. Were the police advised of the loss or damage?
(Theft/malicious damage)

Yes No

If 'Yes', state:

(a) Date (dd/mm/yy) and Time reported (am/pm)

(b) Police reference if known

(c) Full address of station

11. Describe the circumstances and cause of the loss or damage:

12. If your Policy is in joint names but you do not have a joint bank account, please indicate to whom any settlement cheque should be made payable:

13. Have you experienced any previous losses or claims within the last 3 years?

Yes No

If 'Yes', give details:

