

Claim form

Please return this form to your Insurance Broker or zpc.claims@uk.zurich.com Details of policyholder Name Address Postcode Telephone Work telephone **Email address** Policy number Renewal date Details of the loss/damage Date Time (am/pm) Where did the loss/damage occur? Who discovered the loss/damage and when? How did the loss/damage occur (if theft from a building, please give details of how entry was gained and whether the property was fully furnished and occupied)?

If known, please state the name and address of person causing loss/damage.

Date of notification	D D M M Y Y Y	Y			
Crime reference number					
Is there any other insurance in f	force on the property claimed for?				Yes
If Yes, please provide the name	and address of insurer.				
Policy/reference number					
Instructions to be observe	ed				
	protected from further deterioration	and should not be dispo	sed of until perr	nission is given by t	the Company
To assist us in the settlement of	f the claim, please submit repair or rep	placement estimates, val	uations or purch	ase invoices.	
Buildings					
Buildings full rebuilding cost	£				
Estimated full cost of repair	f	_			
	del teachea to also concernations of the dis-	ding society)?			Yes
		uing society):			ies
If Yes, please provide the detail	s. under an agreement for decorations		uilding?		Yes
Does anyone else have a finance of Yes, please provide the detail of Yes, please provide the detail of Article of Yes, please provide a copy of the Yes, please provide a copy of Yes, please provide a copy of	s. under an agreement for decorations		uilding?		
If Yes, please provide the detail If a tenant are you legally liable If Yes, please provide a copy of Contents For anyone over the age of 18 ovalid UK driving licence, recent	s. under an agreement for decorations	or other repairs to the b this insurance policy, plandline phone), recent Co	ease provide pro	oof of address (acce ent credit card or b	Yes
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If the property was lost or stolen please inform the police promptly. The police must also be notified in the case of malicious damage.

Name and address of police station

Account name Account number Name of bank Sort code

Claims Data Protection Statement

This notice is important and should be read by the person making the claim. Please ensure that this notice is brought to their attention. In this notice the words "you", "your" and "yours" refer to the person making the claim.

Data protection statement

Bank details

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed via www.zurich.co.uk/dataprotection

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Declaration

I/We declare that the statements made are true to the best of my/our knowledge and belief. I/We claim the amount above in respect of the items mentioned.

Signature	
	Date DDMMYYYY
Signature	
	Date D D M M Y Y Y

Zurich Private Clients

www.zurich.co.uk/high-net-worth

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