Non-Motor Claims
Under R5 000

ZURICH®

Policy number	Broker/Agent

1 Insured

Name	Identity number

Address and (day) telephone number

2 Loss/damage occurrence

Date and time of loss/damage

3 Loss/damage place

Place where loss/damage occurred if differrent from above

Details of how loss/damage occurred

Have you previously suffered loss/damage?

4 Police

Police reference number	Date	D D M M Y E A R

Station reported

5 Other

Is there any other insurance covering this loss/damage?

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6 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

8 Payment method

You may select, for added security, payment of any amount due to you directly into a bank account.
Please complete details below.

Name of bank	Branch name
Name of account	Branch number
Type of account	Account No.

9

I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.

Capacity	Signature of Insured
Date D D M M Y E A R	

Zurich Insurance Company South Africa Limited
Registration number: 1965/006764/06 VAT number: 4530103581
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Authorised Financial Services Provider

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