



eClaim form

# Property

**For all material damage losses – general properties, housing, theft, computer, money and all risks**

1. Claims for buildings and property that is capable of repair should be supported by a contractors estimate/invoice
2. Claims for items that require replacement should be supported by a suppliers estimate/invoice for the equivalent replacement(s)
3. In the case of computer losses, we require confirmation that the replacement equipment is of the same specification, or the nearest equivalent

<b>1. Insured</b>		Your reference		Zurich Claim Number	
Name			Policy Number		

<b>2. Details of claim</b>					
Date of Incident		Time of Incident			
For gradually occurring damage such as subsidence, please state period of the exposure			From		to
Department					
Type of property damaged or lost					
Use of Premises					
Cause of damage					
Description of loss?					
Were the premises occupied at the time?		If No, when were they last occupied?			
Ownership of property?		Are you the sole owner of the property lost or damaged?			
If No, give details of any other person interested					
Is there any other insurance covering the loss?		If Yes, give details			

<b>3. Location of incident</b>	
Address	
Postcode	

<b>4. Other parties</b>					
Have you any reason to suspect that the loss arose through the negligent actions of any particular person?					
If Yes, Name					
Address					
Postcode					
Vehicle registration number (if applicable)		Insurer (if applicable)			
				Zurich Claim Number	

<b>5. Additional claim details</b>			Zurich Claim Number	
<b>Building</b> Description of loss/damage and estimate of cost				
What sort of construction are the premises?		Who discovered the loss?		
<b>Fire</b> Where did the fire start?				
What was the main factor that assisted the spread of the fire?				
<b>Contents</b> Description of article	When and where purchased (Please attach receipts if available)	Price Paid	Value of salvage (if any)	Amount Claimed (i.e. Replacement cost net of any salvage)
		£	£	£
		£	£	£
		£	£	£
		£	£	£
		£	£	£
Total amount claimed				£

**Please complete the section below for THEFT/MONEY claims only**

Where was the property taken from (e.g. Building, From person, etc)	
If from a building what was the point of entry?	
For MONEY losses, please detail whether being used for petty cash,wages,rent collection etc	
Full description of the circumstances, including details of the locked safe/receptacle in which the item/money was kept, what force was used or from where the keys/combination were obtained. If the item/money was lost in transit nhow was it being carried and what security was in place?	
What precautions have been taken to prevent a reoccurrence of a similar incident?	

**6. Police details – Required for all theft, malicious damage and vehicle impact claims**

Were the Police advised of the loss?		If Yes, date		Time	
Name of officer to whom reported					
Station					

**7. Any additional information which may be relevant and declaration -** By submitting this completed form I declare that all answers are true and correct to the best of my knowledge and belief

Additional information					
Customer Specific Data (For Customer use only)		I.	II.	III.	
By submitting this completed form I declare that all answers are true and correct			Date		
Contact name		Job Title			
Address					
Postcode		E-mail address			
Phone number		Are you VAT registered?			
What percentage recovery can you make from customs and excise?			%		
				Zurich Claim Number	