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

1. Insured		Your reference		Zurich Claim Number	
Name			Policy Number		

2. Details of claim								
Date of Incident		Time of Incident						
For gradually occurring of	damage such as subsidence, p	please state period of the	ease state period of the exposure			to		
Department								
Type of property damage	ed or lost							
Use of Premises								
Cause of damage								
Description of loss?								
Were the premises occup	bied 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 insurar	nce covering the loss?	If Ye	s, give details					

3. Location	of incident
Address	
Postcode	

4. Other parties									
Have you any reason to suspect that the loss arose through the negligent actions of any particular person?									
If Yes, Name									
Address									
Postcode									
Vehicle registrat	tion number (if applicable)		Insurer (if applicable)						
				Zur	rich Claim Number				

Zurich Municipal is a trading name of Zurich Insurance plc. A public limited company incorporated in Ireland. Registration No. 13460. Registered Office: Zurich House, Ballsbridge Park, Dublin 4, Ireland. UK Branch registered in England and Wales. Registration No. BR7985. UK Branch Head Office: The Zurich Centre, 3000 Parkway, Whiteley, Fareham, Hampshire PO15 7JZ. Zurich Insurance plc is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority. Details about the extent of our regulation by the Financial Conduct Authority are available from us on request. These details can be checked on the FCA's Financial Services register via their website ww.fca.org.uk or by contacting them on 0800 111 6768. Our FCA Firm Reference Number is 203093.

5. Additional claim details		Zurich Claim N	umber				
Building Description of loss/damage and estimate of co	ost						
What sort of construction are the premises?		Who discovered the loss?					
Fire Where did the fire start?							
What was the main factor that assisted the spi	read of th	he fire?					
Contents Description of article	When and where purchased (Please attach receipts if available)		Price Paid	Value of (if a	0	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 Custo		mer use only)	I.		п.		III.	
By submitting this completed form I declare that all answers are true and cor				rect	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		

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