



ZURICH[®]

Zurich Insurance plc

Zurich House, Ballsbridge Park, Dublin 4, Ireland.

Telephone: 01 667 0666 Fax: 01 667 0644 Website: www.zurich.ie

Zurich Insurance plc is regulated by the Financial Regulator.

PROPERTY DAMAGE CLAIM FORM

INSTRUCTIONS: Please complete each of the following questions fully (if you fail to do so delay through further enquiries may ensue), and give full details of the property damaged/destroyed overleaf.

Name of Insured _____

Claim under Policy Number _____ Telephone Number _____

Address of Insured _____

Business or Profession _____ Are you registered for V.A.T.? _____

When did loss/damage occur _____ am/pm. _____ day _____ month _____ year

Address at which loss/damage occurred _____

Please state fully the cause/circumstances of incident _____

Are you the sole owner of all the property claimed for? _____

Is the property claimed for covered by any other policy? If so please let us have full details of such policy _____

Please give details of any previous losses by any of the risks insured by this or any other policy _____

To be completed where appropriate:

(i) How were premises entered? _____

(ii) Were the premises occupied at the time of loss? _____

(iii) If not, when were they last occupied? _____

(iv) Was anything stolen during this incident? YES/NO If so, give details overleaf.

DECLARATION: I declare that the above answers and the particulars given overleaf are correct. I have not concealed any material information.

Date _____ Signature _____

IMPORTANT: YOU SHOULD NOT DISPOSE OF DAMAGED PROPERTY, AS SAME MAY BE REQUIRED FOR INSPECTION.

Please attach a detailed estimate for repair. In the case of damage to a building it is not necessary to complete columns 4 and 5.

1 Description of property lost, destroyed or damaged.	2 Are you the sole owner?	3 If not, give details of your interest and that of other parties.	4 When & where purchased	5 Cost Price	6 Estimated cost of repair or replacement if repair not possible	7 Allowances for depreciation (wear and tear)	8 Net amount claimed

Please continue on separate sheet if necessary

I/We hereby declare that to the best of my/our knowledge and belief all information given on this claim form is correct.

Date _____ 19 _____ Signature of Policyholder _____