

Landlords' Insurance Claim Form



Please return to:

Zurich Insurance Company Property Claims Unit Zurich House PO Box 310 Stanhope Road Portsmouth Hampshire PO1 1ZP	
Telephone:	0845 300 4055
Fax:	02392 816 420

Broker Reference Number
(for office use only)

Claim Reference Number
(for office use only)

Zurich Master Policy Number

Important Notes to be read before completing this form

1. Please fill in *all sections of the form*. A fully completed form will help us deal with your claim more efficiently.
2. The form should be completed in **Block Capitals**.
3. If you need more space to answer any of the questions, please use a separate sheet and attach it to this form.
4. Please submit original documents in support of your claim as copies are unsuitable.
5. Zurich Insurance Company does not admit any liability by issuing this form.

Warning – Fraud

Under the conditions of this policy you must tell us about any insurance related incidents (such as accident or theft) whether or not they give rise to a claim. When you tell us about the incident we will pass information relating to it to various databases. The information will be accessible to other insurers who may search the database to validate your claims history.

In order to prevent or detect fraud we may at time share information about you with other organisations and public bodies including the police. For further information about this please refer to your policy documents. A fraudulent claim will result in the loss of all policy benefits and may lead to the instigation of criminal proceedings.

Details of Policyholder

Name of Insured

Insured Postal Address

Town

County

Post Code

Policy Number

Business or Occupation

Daytime Tel. No. (inc. STD)

Evening Tel. No. (inc. STD)

Please answer *all* of the following questions

1. When did the loss/damage occur?

Date

Time

am/pm

2. Address or location where the loss or damage occurred

3. Is any Business conducted from the home?

Yes

No

If 'Yes', give details:

4. Please give particulars of any Building Society/Bank interest in the property if this claim is made under the Building section of the Policy:

Building Society/Bank:

Roll/Reference Number:

5. Was the home furnished and occupied at the time of loss or damage?

Yes

No

If 'No', when was it last:

furnished?

occupied?

6. Is the Home occupied by anyone other than a member of your family?

Yes

No

If 'Yes', who?

7. Are you the sole owner of the property lost/damaged?

Yes

No

If 'No', give details of any other interested party:

8. Are there any other insurances covering the loss?

Yes

No

If 'Yes', give details:

Declaration

16. I/We declare all these particulars to be true and understand that you may ask for information from other insurers to check the answers I/We have provided.

Insured's Signature(s)

Date

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Insured's Signature(s)

Date

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Zurich Insurance Company. UK Head Office: Zurich House, Stanhope Road, Portsmouth, Hampshire PO1 1DU
Zurich Insurance Company is a limited company incorporated in Switzerland registered in the Canton of Zurich. Number 3.749.620.01.
UK Branch registered in England (Branch No BR105).

Communications may be monitored or recorded to improve our service and for security and regulatory purposes.