

Property Damage Claim Form



<input type="text" value="Policy Number"/>	<input type="text" value="Claim Number"/>
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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 on pages 3, 4, 5 & 6

Note:
Please complete in
BLOCK CAPITALS

A. Policyholder's Details

<input type="text" value="Name of Insured"/>	
<input type="text" value="Postal Address"/>	
<input type="text" value="Business or Profession"/>	
<input type="text" value="Telephone (Home)"/>	<input type="text" value="Telephone (Work)"/>
<input type="text" value="Mobile Phone"/>	
<input type="text" value="Email"/>	
Are you registered for VAT?	<input type="radio"/> Yes <input type="radio"/> No
<input type="text" value="VAT Number"/>	

Note:
Loss details include property lost by you, or lost as a result of burglary/theft

B. Loss or Damage Details

When did the loss/damage occur?

Date

Time :

Address at which the loss/damage occurred

Please state fully the cause/circumstances of the incident

Are you the sole owner of all the property claimed for? Yes No

If NO, please provide details:

Does any other insurance policy cover the property you are claiming for? Yes No

If YES, please provide details:

Name of Insurer

Policy Number

Insurer's Address

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

C. Burglary Details

Fill in this part if you are claiming for loss and/or damage after a burglary.

How were the premises entered?

Were the premises occupied at the time of the loss? Yes No

If NO, when were they last occupied?

Is the property alarmed? Yes No

If YES, was the alarm activated at the time of the incident? Yes No

Was anything stolen during this incident? Yes No

If YES, please provide details on the next page

Note:
Please retain all
damaged goods for
inspection

D. Description of Property Affected/Claimed for

Please note that we require a written estimate for the repair/replacement of the property that you are claiming for.

This should be provided by a retailer/tradesperson.

In the case of damage to a building it is not necessary to complete points 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 and 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:

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Please continue on a separate sheet if necessary

E. Reporting to the Garda Síochána

Fill in this section if you are claiming for items which are stolen or lost.

I am reporting the theft or loss of the property set out in this form

From

On

The property is valued at approximately

Certificate to be filled in by the Garda Síochána

This is to certify that (person's name)

of (person's address)

reported the theft or loss of (property)

to this station on

In our records we have made a note of Zurich's interest in this property.

Signature of Garda Síochána

Date

Garda station

Stamp of Garda station

Data Protection

Zurich Insurance plc ('Zurich', 'we', 'our', 'us') will hold your details in accordance with our Privacy Policy together with all applicable data protection laws and principles.

The information you supply to us, including personal data ("Data") as part of this claim is required by us to handle your claim, prevent and detect fraud as well as generally take any steps in order to fulfil our contract with you and comply with our legal obligations.

We may also obtain information about you from third parties such as your broker (if you have engaged with us through one), claims service providers (including private investigators) and insurance industry and government bodies for the purposes described above. In addition, we may check your details with fraud prevention agencies, as well as against industry databases such as InsuranceLink (for more information see below).

To assist us in handling your claim and prevent/detect fraud, we may share your data (where appropriate/applicable) as follows:

- With business partners, suppliers, sub-contractors and agents with whom we work and/or engage (including, but not limited to legal firms, medical professionals, private investigators, third-party claim administrators and outsourced service providers).
- With other companies in the Zurich Insurance Group ("the Group"), partners of the Group, coinsurance and reinsurance companies located in Ireland and abroad, including outside the European Economic Area ('EEA'). Where transfers take place outside the EEA, we ensure that they are undertaken lawfully and pursuant to appropriate safeguards.
- With other insurers and/or their agents.
- With any intermediary or third party acting for you.
- In order to comply with our legal obligations, a Court Order or to cooperate with State and regulatory bodies (such as the Central Bank of Ireland), as well as with relevant government departments and agencies (including law enforcement agencies).

In addition, information about claims (whether by our customers or third-parties) is collected by us when a claim is made under a policy and placed on the insurance industry claims database known as InsuranceLink, maintained by Insurance Ireland. This information may be shared with other insurance companies, self-insurers or statutory authorities. The purpose of InsuranceLink is to protect customers by helping insurers identify incorrect information and fraudulent claims.

The time periods for which we retain your Data depend on the purposes for which we use it. We will keep your Data for no longer than is required or legally permitted. Please see our Data Retention Policy at www.zurich.ie/privacy-policy.

Privacy Policy

For further information please see our Privacy Policy which is available online at www.zurich.ie/privacy-policy.

If you have any questions about your Data, you can contact our Data Protection Officer, using the contact details below.

- Zurich Customer Services on 053 915 7775
- dataprotectionofficer@zurich.ie
- Data Protection Officer, Zurich Insurance plc, FREEPOST, Zurich Insurance, PO Box 78, Wexford, Ireland.

Declaration

I declare that, as far as I know, the information I have given is true. I authorise you, and any solicitor you appoint, to deal with all matters arising from this incident as you see fit and, if appropriate, admit liability or negligence on my behalf.

I understand that Zurich may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature: _____

Date: _____

Zurich Insurance plc, PO Box 78, Wexford

Telephone: 1890 44 77 99 Fax: 01 667 0644 Website: www.zurich.ie

Zurich Insurance plc is regulated by the Central Bank of Ireland.