

home solutions insurance claim form



Please return to:

**If you live on the British mainland,
please send this form to:**

Zurich Insurance Company
Property Claims Unit
Zurich House
PO Box 310
Stanhope Road
Portsmouth
Hampshire PO1 1ZP
Telephone: 0845 601 0869

**If you live in Northern Ireland
please send this form to:**

Zurich Insurance Company
Property Claims Unit
7 Upper Queen Street
Belfast BT1 6QD

Telephone: 0845 300 1550

Broker Reference Number
(For office use only)

Zurich Claim Number
(For office use only)

Zurich 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 to 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 liability by issuing this form.

Warning - Fraud:

A fraudulent claim will result in the loss of all policy benefits and may lead to the instigation of criminal proceedings.

Insurers pass information to the Claims and Underwriting Exchange Register run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as a fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

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* the following questions:

- When did the loss/damage occur? Date Time am/pm
- Address or location where the loss or damage occurred
- Is any Business conducted from the Home? Yes No Please tick box
If 'Yes', give details:
- Please give particulars of any Building Society/Bank interest in the property if this claim is made under the **Buildings Section** of the Policy:
Building Society/Bank:

Roll/Reference Number:
- Was the Home furnished and occupied at the time of loss or damage? Yes No Please tick box
If 'No', when was it last: furnished? occupied?
- Is the Home occupied by anyone other than a member of your family? Yes No Please tick box
If 'Yes', who?
- Are you the sole owner of the property lost/damaged? Yes No Please tick box
If 'No', give details of any other interested party:
- Are there any other insurances covering the loss? Yes No Please tick box
If 'Yes', give details:

