



ZURICH®

Claims Reporting Form - Property

Fax to: 1-877-977-8077 or Email to: claims@zurich.com

General Information		
Name of person reporting	Telephone number	For reporting only <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Broker	Broker telephone number	Broker fax number

Insured's Information		
Name and address of the Insured (including postal code)		Business telephone (incl.ext.) Ext.
		Cellular number
Contact name	Contact e-mail address	Contact language spoken

Policy Information		
Policy number	Policy period (dd/mm/yyyy) From To	Certificate number (if applicable)
Lienholder/Mortgage/Other Insurance		
Coverage (Type of policy form, limits, deductible)		

Incident Information		
Address where loss occurred	Date of loss (dd/mm/yyyy)	Time of loss
	Province or State/Country	
Please give description of loss		
Were the authorities contacted (police, fire, ambulance)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a report number given? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list number
If Police/Fire Department contacted, name of officer	Division	Badge number

Property Information			
Description of property			
Address where the property is located			
Description of damage			
Serial number	Estimate (\$)	Was business curtailed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Was there consequential damage? <input type="checkbox"/> Yes <input type="checkbox"/> No
Anything related to the incident you would like to add			

Witness Information	
Name and address of a witness to the incident	
Telephone number where witness can be reached	

Privacy Statement: By submitting this information you are providing consent for the collection, use and disclosure of your personal information as may be necessary to access, investigate, and settle claims. Your personal information may be processed and stored by Zurich Insurance Company Ltd and its affiliates (collectively, "Zurich") and authorized representatives, both in domestic and foreign jurisdictions outside Canada and is subject to applicable laws. Please contact the Zurich Privacy Officer if you require further additional information regarding the collection, use, disclosure, processing and storage of your personal information via email at privacy.zurich.canada@zurich.com or you can review our privacy statement at <https://www.zurichcanada.com/en-ca/about-zurich/privacy-statement>.

The above-named claimant may refuse to consent or withdraw their consent to the collection, storage, use or disclosure of personal information; however, the refusal to provide consent may result in Zurich being unable to offer and administer insurance coverage or prevent Zurich from being able to pay claim benefits.

Zurich is committed to protecting the privacy and confidentiality of information provided. Your file is secured in our offices or those of our administrator or agent. You may request to review the personal information it contains and make corrections by writing to: Privacy Officer, Zurich Insurance Company Ltd (Canadian Branch), 100 King Street West, Suite 5500, P.O. Box 290, Toronto, ON M5X 1C9

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