



Claim form for Home Buildings/ Contents and All Risks Policies

Policy No: Claim No.:

Intermediary:

Insured's Details

Name of Insured: I.D. Card No.:

Postal Address:

Tel/Mobile No(s): E-mail:

Situation of Premises or place where loss or damage occurred:

Date of loss or damage: Time:

Explain fully how the loss or damage occurred:

When was the loss or damage discovered?

Date: Time:

By whom was the discovery made?

When was the property last seen?

Date: Time:

By whom was it last seen?

When were the Police notified? Address of Police Station:

Have any other steps been taken to recover the property?

Please Answer the following Questions if the Claim is in Respect of a Theft at Your Own Premises

Total value of contents of premises at the time of theft:

Are the premises, or any part, let or sublet?

Yes No

How many nights have the premises been unoccupied during the past year?

Was anyone in the premises at the time of the theft?

Yes No

If so, please give name and address:

Have you ever sustained a loss or claimed against any insurer for any of the risks included in the policy under which this claim is made. Yes No

If so, give particulars:

Are you the sole owner of the lost, damaged, or destroyed property?

Yes No

If not, state the name(s) of any other interested parties and the nature of their interest:

In respect of damage to buildings or landlord's fixtures, (including internal decorations), are you responsible for the repairs of such damage under the terms of a tenancy agreement? Yes No

Was there at the time of the occurrence any other existing insurance, effected by you or any other persons, on the property for which this claim is made.

Yes No

If so, please give details:

Particulars of the Claim to be Given In Detail

In respect of building claims, tradesmen's estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed. Any damaged property should not be disposed of until permission is given by the Company.

Please tick in the box alongside to show whether the Insured is registered (or liable to register) for V.A.T. and therefore eligible to recover from Customs and Excise V.A.T. on the cost of repair or replacement in respect of this claim.

Yes No

The amount claimed should be net of recoverable V.A.T.

