

CLAIM FORM

 Insurer:

1. Policyholder(s) Details

Policy Number:	<input type="text"/>	Claim No:	<input type="text"/>
Full Name:	<input type="text" value="Mr/Mrs/Miss/Ms"/>		
Residential Address:	<input type="text"/>	Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>
Phone Numbers:	Home: <input type="text"/>	Business: <input type="text"/>	Mobile: <input type="text"/>
Email:	Home: <input type="text"/>	Business: <input type="text"/>	
Occupation:	<input type="text"/>	Employer: <input type="text"/>	

2. Details of Claim

Date of loss or incident: / / Day of loss or incident Time of loss or incident am/pm

Location of where the loss or incident occurred

Please state full details of what happened

Was the loss caused by a person other than yourself? YES NO

If "Yes", please give name, address and telephone number of person causing the loss

If a burglary:

i) Please state means of entry

ii) Was damage caused by gaining entry? YES NO

If "Yes", what damage was caused?

3. Police Details (If burglary, theft, loss or malicious damage)

Has the loss been reported to the Police? YES NO

If "Yes", please attach the Police Acknowledgement Form and complete details below

Date Reported / / Which Police Station

Police File Number Was a list of missing items given to the Police? YES NO

(Please note we may request a copy of this from the Police)

4. Further Information

Is there insurance with any other Company relating to this loss? If "Yes", please give details YES NO

Are you the sole owner of the property? If "No", please give details eg. Under joint ownership, mortgage, hire purchase YES NO

Do you occupy the premises as the owner or tenant? OWNER TENANT Were the premises occupied at the time of loss? YES NO

Have you made any other insurance claims over the last five years or have you or any member of your family ever had an insurance claim declined? YES NO

If "Yes", please give details below

Have you, or any member of your family living with you, ever been charged or convicted of any criminal offence other than driving offences? YES NO

If "Yes", please give details below

Have you ever had an insurance policy declined, or had special terms imposed? If "Yes", please give details below YES NO

