

PLEASE COMPLETE THIS CLAIM FORM IN BLOCK CAPITALS

Policy number

This form should be filled in by the person shown as the "Policyholder" on the policy schedule.
Please complete Sections A, B, C and I for all Claims then complete the section appropriate to your type of claim.

A Policyholder's details

Title (Mr.Mrs, Miss, etc)

Surname:

Forenames:

Occupation:

Risk Address:

Telephone number:

E-mail address.

Key holder name and contact number: (if applicable)

B-Loss or damage details

Date ___/___/___

Time _____

Loss of damage details

How did the loss or damage happen?

Does any other insurance policy cover the property you are claiming for?

If Yes, please provide details:

Previously, have you ever suffered loss or damage that would have been covered by this policy within 3 years, or claimed against any insurer for any of the risk cover in this policy?

If yes, please provide details:

C-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.

Description of property:

Make /Model:

Serial no(for electrical items):

Year of Purchase:

Where did you purchase it from?

Purchase price:

Estimated cost of replacement:

Description of property:

Make /Model :

Serial no(for electrical items):

Year of Purchase:

Where did you purchase it from?

Estimated cost of replacement:

Purchase price:

Description of property:

Make /Model :

Serial no(for electrical items):

Year of Purchase:

Where did you purchase it from?

Purchase price:

Estimated cost of replacement :

D- Burglary details

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

How were the premises entered?

Who discovered the loss?

Were the premises being used to live in at the time of the loss?

If not, when were they last used or lived in?

Did you report the incident to the police? Please attach copy of police report if any

E. All Risks

Fill in this section if you are claiming for an item covered under the "All Risks" section of your policy. For more information on All Risk please refer to the "All Risk" section of your policy Document, and refer to items specified on your for cover outside home.

Was the item stolen /lost / damaged?

If the loss was a result of theft or burglary please attached police report

Where and when did you last see the claimed items?

F. Glass Claim

Fill in this section if you are claiming for broken glass.

Please give a brief description of the location and size of the glass

Describe what happened to cause the damage to the glass