



HOUSEHOLD INSURANCE CLAIM FORM

Policy No Name of Policyholder

1. State nature of claim, i.e., whether Fire, Burglary, Theft, Damage etc.
2. Date of Occurrence
3. How, and where did loss occur?
4. Was the property/premises left unattended at the time of the loss? YES / NO
If YES, how long for? hours/days/weeks/months (delete as appropriate)

5. If loss occasioned by Burglary and/or Housebreaking, theft away from the premises, accidental loss and/or malicious damage state:
 - a) How was entry to premises obtained?
 - b) Have the Police been advised or other enquiries made? (Please provide Crime Reference no and police station where the incident was reported)
 - c) Have you any reason to suspect any particular person? If so, give full particulars, which will be treated as Private and Confidential.

6. If loss caused by third party (e.g. vehicle impact or liability) please give details (e.g. name, address)

7. At the time of the loss, what was the total value at the premises of your
 - i) buildings
 - ii) contents

8. Has any other person an interest in the property claimed for?

9. Is there any other insurance covering the property concerned?

10. Have you previously made any claim under a Policy of Insurance?
If so, give details.

11. Are you registered for VAT?
Is so, please state registration no

I hereby declare that all the details given by me on this Form are to the best of my knowledge true and complete.

Signed Date

Address

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