

PROPERTY CLAIM FORM

Please complete this form as fully as possible. If there is insufficient space please use a separate sheet of paper.

ABOUT THE POLICYHOLDER

Name of
Policyholder

Policy No.

Address

Tel. No.

Email

Occupation

Are you registered for VAT?

Can you recover VAT in respect of this claim?

ABOUT THE LOSS OR DAMAGE

Where did it
occur?

On what date?

At what time?

Describe the loss or
damage and how it
happened

How was it discovered,
and by who?

Who owns the
property that has been
lost or damaged?

Were the premises unoccupied/vacant/out of use
at the time of the loss or damage?

Give name and address of any
witness to the loss or damage

Please insert any other
information that may
be relevant

THEFT (complete this section if the loss involves theft or attempted theft)

Was the theft from a locked building?

If so, describe how entry was gained?

Were all alarms and physical security devices in operation?

If the thief has been identified and/or arrested please give details

POLICE / FIRE BRIGADE / OTHER AUTHORITIES

Have the Police been informed?
If so state how reported and
Police Reference No.

Did the Fire Brigade, or any other authority attend?
If so please give details

PROPERTY LOST OR DAMAGED

Have the Premises been repaired and or secured since the loss or damage occurred? Please give details

Please complete the details below in respect of property lost or damaged. Please supply receipts and estimates.

No.	Description	Date Bought	Original Cost	Current Value	Cost of Repair/Replacement
1					
2					
3					
4					
5					

DECLARATION

I/We declare that the information given on this form is true to the best of my/our knowledge and belief. I/We understand that information may be requested from other parties to check the information that has been given.

Signature

Date

Print name

Position