

HOME INSURANCE CLAIM FORM

Please ensure that your Adobe Acrobat is updated. You may face difficulties using Acrobat 9.0 or previous versions.

SECTION 1 DETAILS OF POLICY HOLDER & POLICY NUMBER

Full Name of the Insured :

Email : Policy No :

Telephone No :

SECTION 2 LOSS / DAMAGE

DATE OF LOSS / DAMAGE : DD MM YY

Describe in detail how loss/damage occurred (note: If theft from a building, give details of how entry was gained).

If the incident caused by someone who is not a member of your household, (e.g. tradesman) provide the name and address of the person.

Name :

Address :

If property was stolen or lost, please answer the following questions :

Were the police notified? Yes No

When and at which police station was the Police Report made? (Please provide any report or acknowledgement given by the police.) Please specify if the insured address is being leased.

SECTION 3 OTHER INSURERS - COMPLETE FOR ALL CLAIMS

If the property for which you are claiming is also insured under any other policy, please provide details.

SECTION 4 BUILDING DAMAGE

DETAILS OF CLAIM - Estimate full cost of repair (please attach estimates for the repair works).

If you are still awaiting estimates, don't delay sending us the form.

SECTION 5 CONTENTS OR VALUABLES CLAIM

DETAILS OF CLAIM - Send us repair/replacement estimates. If you are still awaiting estimates, don't delay sending us the form.

Please fill **all fields** - we will deal with your claim in accordance with the cover given by your policy. (state currency in each field). -- CHOOSE ONE --

1. DESCRIPTION	Age of Item :	Price Paid :	
Estimated cost of repair :	Replacement Cost (if not reparable) :		
Deduction for wear and tear (if applicable) :	Amount Claimed :		
2. DESCRIPTION	Age of Item :	Price Paid :	
Estimated cost of repair :	Replacement Cost (if not reparable) :		
Deduction for wear and tear (if applicable) :	Amount Claimed :		
3. DESCRIPTION	Age of Item :	Price Paid :	
Estimated cost of repair :	Replacement Cost (if not reparable) :		
Deduction for wear and tear (if applicable) :	Amount Claimed :		
4. DESCRIPTION	Age of Item :	Price Paid :	
Estimated cost of repair :	Replacement Cost (if not reparable) :		
Deduction for wear and tear (if applicable) :	Amount Claimed :		
5. DESCRIPTION	Age of Item :	Price Paid :	
Estimated cost of repair :	Replacement Cost (if not reparable) :		
Deduction for wear and tear (if applicable) :	Amount Claimed :		

If more than 5 items need to be listed, please provide attachment with full list of items.

DECLARATION

I declare and certify that to the best of my knowledge and belief the statements above and overleaf are true and correct in every aspect. In the event of a Third Party liable for the loss/damage, all rights in this matter are subrogated to on settlement of the claim. If cover exists under any other policy, I give my authority for a contribution to be sought from these inserts. I understand that some of the information I have provided will be made available to Insurers for underwriting and claims handling purposes. I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the give of such information.

Full Name: _____ Date: DD MM YY

**TALK TO OUR CLAIMS HANDLER
DIRECTLY AT 3029903 04 / 3029835 04**

Signature: _____

CLEAR FORM

SAVE FORM

PRINT FORM
And fax to 3350200 04

EMAIL FORM