

CLAIM FORM

Insured	Name and Occupation		
	Address and Day Tel No.		
Loss/damage	Date and time of loss/damage		
	When was the loss/damage discovered?		
Loss/damage place	Place where loss/damage occurred		
	Were premises occupied? By whom?		
	If not occupied, when last occupied?		
	Purpose of occupation		
Cause of Loss/damage	Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises		
Previous Loss/damage	Have you previously suffered loss/damage?		
	If so, provide details		
	If insured, provide name of insurer		
Police	Police station, case number and date reported and date reported		
Other interest	Has any other party an interest in the insured property e.g. Credit agreement? If so provide name and interest		
Other insurance	Is there any other insurance covering this loss/damage? If so, provide name of insurer		
Vehicle	Make:	Reg No :	Year:
Items claimed for	Description	Supplier	Amount Claimed
Declaration	I/We declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.		
	<div style="display: flex; justify-content: space-between; margin-top: 50px;"> <div>_____</div> <div>_____</div> <div>_____</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Insured signature</div> <div>Capacity</div> <div>Date</div> </div>		