



**PROPERTY CLAIM FORM**

POLICY No. ....

CLAIM No. ....

<b>COMPLETE QUESTIONS 1 to 9 FOR ALL CLAIMS</b>	
1. Name and Address of Insured	Postal Code ..... Telephone No. ....
2. Address or Location where Loss or damage occurred	
3. a) State type of premises, e.g., private house, flat, sale-shop, hotel etc. b) Are the premises, unoccupied or unfurnished? c) Are you the owner of the premises, or responsible for repairs? If tenant, is responsibility imposed by lease?	
4. Give brief details of type of claim, e.g. Fire, Theft, Storm damage	
5. Give full details of the circumstances giving rise to the loss or damage	
6. a) Date and time of Loss or Damage b) By whom discovered c) If Fire, give exact cause of outbreak d) Names and addresses of any witnesses  e) If accused by person NOT in your service, give full name and address	
7. a) Is the property for which you are claiming also insured under another policy, e.g., a policy effected by you or another party under an All Risks, Baggage, Motor policy etc? If so, give particulars b) Has any other person any interest in the property as Owner, Mortgagee, Trustee or otherwise? If so, give details  Please give name of Building Society and Roll No.	
8. Have you given instructions for replacement or repair? If so, give name and address of tradesman	
9. Have you ever before sustained loss or damage of this nature? If so, please give brief details	
<b>COMPLETE ONLY WHERE ITEMS LOST OR STOLEN</b>	
10. a) When were the police notified and at what station? b) If Theft, how was entry gained to the premises? c) If there is no evidence of Theft or of a forcible entry of the premises, has a thorough search been made for the articles missing? d) If premises unoccupied, at what time and when were they last occupied?	

**PLEASE COMPLETE STATEMENT OF CLAIM OVERLEAF**

PLEASE NOTE:-- The Policy is a contract of INDEMNITY and, subject to the Sums Insured under the policy, all claims must be based upon the actual value of the Insured property at the time of the Theft, Loss, Damage, or Breakage (allowing for any depreciation, wear and tear), unless the basis of claim settlement as defined in the policy, or clause(s) incorporated therein, permits or stipulates otherwise

**COMPLETE THE APPROPRIATE SECTION(S)**

**BUILDINGS, FIXTURES AND FITTINGS, AND/OR BREAKAGE OF SANITARY FIXTURES (Tradesman's Estimate Required)**

Description of property destroyed or damaged	Approx. age	Estimate cost of repair	Amount claimed

**STOCKS, CONTENTS, AND/OR PERSONAL EFFECTS**

Household Goods--If articles can be repaired, tradesmen's estimate should be furnished  
 Trade Stocks--Invoice prices and discounts and the value of the salvage should be stated  
 Salvage--Must be protected from deterioration until the claim is settled

Description of property destroyed, damaged, or missing	Approximate date of purchase	Amount paid	Value before damage (allowing for wear and tear and depreciation)	Amount claimed (allowing for any salvage)

**BREAKAGE OF GLASS (Tradesman's Estimate Required)**

No. of Squares	Whether Window, Door, etc.	In glass in a conservatory, greenhouse, verandah or outbuilding?	Kind of Glass Broken	Sizes in inches/mm		Whether Cracked or Broken out
				Height	Width	

N.B--If you have NOT already given instructions for replacement, do you wish the Company to do so? YES/NO

I/We declare that the statements overleaf are true and to the best of my/our knowledge and belief and I/We claim the amount stated above in respect of the property mentioned

Signature of Insured ..... Date ..... 20.....