

general claims advice

1. Policy Holder

Policy Number

Full Name

Address

Home Phone

Work Phone

Mobile

Email

2. Circumstances of Loss (Please complete in all cases)

Date

Time

Where did loss occur?

Please explain what happened

Is there any other insurance with any company relating to this loss? Yes No

If "yes" give details here:

Have you, within the past 5 years, made a claim against any insurance company? Yes No

If "yes" give details here:

If loss caused by another person, please give name, address & phone number

3. Complete in all Cases Relating to Property Damage

Are you the sole owner of the property concerned? Yes No

If "no" please give details of other interest and party concerned:

If burglary, loss or theft claim, to which police station was it reported?

Acknowledgement form attached Yes No

Date Reported

If burglary, state means of entry to premises

