



# Home Claim Form

## **For Buildings, Contents and All Risks**

To help us deal with your claim as quickly as possible, the policyholder should complete all relevant sections using BLOCK CAPITALS and sign and date this form.

### **Section 1 – Insured – This section must be fully completed in all cases**

Surname	<input type="text"/>	Forename(s)	<input type="text"/>
Address	<input type="text"/>	Daytime telephone no.	<input type="text"/>
		Business/Occupation	<input type="text"/>
		Are you VAT registered	<input type="text"/>
		Policy Number	<input type="text"/>
E-mail	<input type="text"/>		

### **Section 2 – Details of Loss/Damage**

Date and time of incident	<input type="text"/>
Where/how did it happen?	<input type="text"/>
What happened?	<input type="text"/>
Please state briefly the extent of the damage	
<input type="text"/>	
If you are insured under any other policy for this loss, please give the insurers name, address and policy number	
<input type="text"/>	
If anyone else has a financial interest in this property e.g. as owner or under mortgage , please give details	
<input type="text"/>	
Who occupied the property at the time of the loss?	<input type="text"/>
If the property was unoccupied, when were they last occupied?	<input type="text"/>
Was the property furnished for full habitation?	<input type="text"/>
Is any trade or business carried out in your home?	<input type="text"/>
Were any security devices present?	<input type="text"/>
If Yes, please state type	<input type="text"/>
Were they activated?	<input type="text"/>

### **Section 3 – Please complete Section 3 in case of theft, malicious damage and loss**

How was the property entered?	<input type="text"/>
On which date did you inform the police?	<input type="text"/>
Address of the police station	<input type="text"/>
Police reference number	<input type="text"/>

### **Section 4 – Sum Insured**

Please give the estimated total value of your property at the time of the loss		<input type="text"/>	
Full rebuilding cost	<input type="text"/>	Full contents replacement value	<input type="text"/>
Please state the number of bedrooms in your premises		<input type="text"/>	

