

When was the loss or damage discovered? Date Time

By whom was the discovery made?

When was the property last seen? Date Time By whom?

When were the police notified ? Address of police

Who notified the police? Address

Have any other steps been taken to recover the property?

PLEASE ANSWER THE FOLLOWING QUESTIONS IF THE CLAIM IS RESPECT OF A THEFT AT YOUR OWN PREMISES

Total value of contents of premises at time of theft K

Are the premises, or any part, let or sublet?

How many nights have the premises been unoccupied during the past year?

Was anyone in the premises at the time of theft?

If so, please give names and address

Have you ever sustained a loss or claimed against any insurer for any of the risks included in this policy under which this claim is made. If so, give particulars

Are you the sole owner of the lost, damaged or destroyed property?
If not, state the name(s) of any other interested parties and the nature of their interest

In respect of damage to building or landlord's fixtures (including decorations) are you responsible for the repair of such damage under the terms of a tenancy agreement

Was there at the time of the occurrence any other existing insurance effected by you or any other persons on the property for which this claim is made. If so, please give details

PARTICULARS OF THE CLAIM TO BE GIVEN IN DETAIL

In respect of building claims, trademen’s estimates should be furnished before instructions are given for the work to be put in hand. If decorations are involved, please indicate when they were last renewed.

Any damaged property should not be disposed of until permission is given by the Company.

1 Particulars of each building or article in respect of which this claim is made	2 Date purchased or received	3 Name and address of person from whom article was purchased or by whom presented	4 Original cost price		5 Value at the time of the loss after allowing for age and wear		6 Amount claimed after allowing for value of the salvage	
			K	N	K	N	K	N
Total amount claimed								

I/We declare the particulars given on this form are true and complete.

Date Signature of insured
(If a limited company give status of signatory)

NB Our claims service can be good only if you promptly complete and submit the Claim form, as well as the required documentation listed.

Always quote the Claim number in any communication. This number will be advised to you immediately on receipt of the Claim form.