

HOUSEHOLD Claim Form



If you need any assistance in completion of this form, please contact the Claims Department on 0844 893 8360.

Section 1 – General	Claim No. <input type="text"/>
Name _____	Address _____
Work Tel. No. _____	Home Tel. No. _____
Mobile No. _____	Email _____
Date of birth _____ / _____ / _____	Occupation _____
Are You Registered for VAT? YES <input type="checkbox"/> NO <input type="checkbox"/>	Policy Number _____

Section 2 – Circumstances of loss/damage
Please complete for all claims
Date of Occurrence _____ / _____ / _____ Time of Occurrence _____
Where did the loss/damage occur? _____
Was your home occupied? YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If NO, how long had it been unoccupied prior to the Loss?</i> _____
Have you suffered any other losses during the past 5 years? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES please give details</i> _____
Do you hold any other insurance which may cover this incident (e.g. travel insurance)? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If YES please provide details as follows:</i> Insurer _____
Policy Number _____ Tel. No. _____
Please state exactly how the incident occurred _____

Section 3 – Accidental loss/theft/malicious damage claims only
How was entry gained? (Theft claims only) _____
Reported to Police on _____ / _____ / _____ Police Reference No. _____
Police Station Address _____
(Note: Claims for Accidental Loss, Theft or Malicious Damage MUST be reported to Police)
If a theft occurred from the Insured Address:
a) is the property let, lent or sublet? YES <input type="checkbox"/> NO <input type="checkbox"/>
b) is the property protected by a burglar alarm? YES <input type="checkbox"/> NO <input type="checkbox"/>
<i>If the answer to b is YES, did the alarm operate?</i> YES <input type="checkbox"/> NO <input type="checkbox"/>

