

HOUSEHOLD Claim Form



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

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|---|---------------------------------------|
| 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 _____ |

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| 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 _____ |
| _____ |
| _____ |
| _____ |

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| 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"/> |

