

HOME COMFORT CLAIM FORM

The issue of this form is not an admission of liability. Complete it fully and return immediately.

POLICY NUMBER		CLAIM NUMBER
NAME OF INSURED		ADDRESS
TELE NO - WORK MOBILE	RESIDENCE FAX	E MAIL
TYPE OF CLAIM		DATE OF LOSS

CIRCUMSTANCES OF LOSS

(Continue on separate sheet if necessary)

At what place, date and time was property last seen by you?

Were the particulars reported to the police? YES/NO
 If so give details of when and at what police station and attach the police report.

Is there any other insurance covering the same property? YES/NO
 If yes please give details.

Have you had any other previous losses arising from this policy or any other policy? YES/NO
 If yes please give details.

What steps have you taken to recover the property?

What steps have you taken to prevent a recurrence?

Is any part of the premises sublet or do you receive paying guests? YES/NO
 If yes please give details

Was premises unoccupied at time of loss? YES/NO
 If yes please give details

Do you own the property? YES/NO
 If not please give name and address of owner

Is property subject to hire purchase or loan agreement? YES/NO
 If yes please give details

PLEASE ENSURE ALL APPROPRIATE DOCUMENTS ARE ATTACHED TO THIS CLAIM FORM.
 DEPENDANT UPON THE TYPE OF CLAIM THE FOLLOWING ARE REQUIRED
 1. AN APPROPRIATE REPORT FROM THE CONCERNED AUTHORITY
 2. AN ITEMISED LIST OF PROPERTY WHICH HAS BEEN LOST/ DESTROYED/ DAMAGED
 3. RECEIPTS TO SUPPORT THE ITEMISED LIST

All questions should be answered fully and accurately and the declaration overleaf should be signed and dated.

