

# HOUSEHOLD PROPERTY CLAIM FORM

Please ensure all sections of the claim form are completed in **BLOCK LETTERS**.

## DETAILS OF POLICY

1. Certificate Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_

## DETAILS OF INSURED

2. Insured's Name: \_\_\_\_\_ Tel No (Daytime): \_\_\_\_\_  
Postal Address: \_\_\_\_\_ Tel No (Evening): \_\_\_\_\_  
\_\_\_\_\_ Tel No (Mobile): \_\_\_\_\_  
\_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Postcode: \_\_\_\_\_ Occupation: \_\_\_\_\_

3. Are you registered for VAT? YES/NO VAT No and Status: \_\_\_\_\_  
Have you or anyone permanently residing with you been convicted of any offence  
(other than a driving offence), have any prosecutions pending or Policy enquiries outstanding? YES/NO  
If Yes, please provide full details. \_\_\_\_\_

## INFORMATION ABOUT THE LOSS/DAMAGE (Please detail on the next page the property lost or damaged)

4. Location of Incident: \_\_\_\_\_ Date and Time of Loss: \_\_\_\_\_  
Please describe how the loss/damage occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Was the Property occupied at the time of loss? YES/NO  
5a. If No, when was the property last occupied? \_\_\_\_\_

6. Are you the Sole Owner of the lost/damaged property? YES/NO  
6a. If No, please provide details. \_\_\_\_\_

7. Is the Owner of the lost/damaged property a permanent member of the Insured's Household? YES/NO  
7a. If No, please provide details. \_\_\_\_\_

8. Who is the Owner of the Building? \_\_\_\_\_

9. Who is responsible for repairs under the Tenancy Agreement? \_\_\_\_\_  
(including Internal Decorations)

PLEASE PROVIDE TWO DETAILED ESTIMATES WITH THE CLAIM FORM.

## FURTHER DETAILS (Only complete if the claim is for Theft, Loss or Malicious Damage)

10. By whom was the discovery made? \_\_\_\_\_

11. When was the Property last seen? \_\_\_\_\_

12. Have the Police been notified? YES/NO Date of Notification: \_\_\_\_\_  
Crime Number: \_\_\_\_\_  
Address of Station: \_\_\_\_\_  
Officer Name and Number: \_\_\_\_\_

13. Have any steps been taken to recover the Property? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE COMPLETE QUESTIONS 14 AND 14a IF THE THEFT OCCURRED FROM A VEHICLE.

14. How long was the vehicle left unattended? \_\_\_\_\_  
14a. Where in the vehicle was the property? \_\_\_\_\_

MOTCL5 21.01.03



**PREVIOUS INSURANCE CLAIMS (Please give details of all insurance claims made in the last 5 years)**

Date	Details	Amount	Insurance Company / Policy No

Please note any no claim discount allowed may be affected by the reporting of this claim.

**DECLARATION**

I/We hereby claim for loss by destruction or damage or injury and declare that all information on this claim form is true to the best of my/our knowledge or belief. If this information is in the writing of another person, he/she acted as an agent for such purpose.

I understand that some of the information I have provided may be made available to other Insurers or Agents for Underwriting and Claims Handling purposes. I consent to the seeking of information from other Insurers to check the answers I have provided, and I authorise the giving of such information.

Signature of Insured(s): \_\_\_\_\_ Dated: \_\_\_\_\_

**THE ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF LIABILITY**