



# PROPERTY CLAIM FORM

**IMPORTANT NOTE**

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

All questions must be fully answered. Ticks and dashes are not sufficient.

Policy No.	Claim Number
Intermediary/Agent	

## A. INSURED AND LOSS DETAILS

Name		
Postal Address		
Address at which damage or loss occurred		
Tel. No.	Mobile No.	Email Address
Business or Occupation	VAT No.	
ID Card No.	Passport No.	
Date of loss or damage	Time	
Describe in detail how the loss or damage occurred		

Were the premises occupied at the time of loss or damage?  Yes  No

If not, when were they last occupied? \_\_\_\_\_

Are you the sole owner of the lost/damaged buildings or contents?  Yes  No

If not, please state the names of other interested parties \_\_\_\_\_

