

Claim no. _____



Policy No. _____

Renewal/Inception date _____

This form must be completed fully and returned immediately and, in any event, within seven working days of its receipt

Miscellaneous Claim Form

1. Insured

Name of Insured _____

Occupation _____

Contact Person _____

Telephone No. -Home No. _____ Business No _____

Mobile _____ Email _____

Address _____

Broker/Agent Name _____

2. Interested Parties

Is the property being claimed for under a Financial Agreement? Yes No

Name of Financier _____

Telephone No _____

Email Address _____ Contact Person _____

3. Loss Details

Date of loss _____ Time _____

Describe fully how the loss occurred _____

Have you suffered a similar loss before? Yes No If yes, please give details below:-

Were the premises occupied at the time of loss? Yes No If not, when were they last occupied, by

whom? _____

4. Police Details

Was the loss reported to the police? Yes No

Police Station & Ref. No. _____

5. If you are not the sole owner of the property damaged/lost, please give details of the other parties involved
