

CLAIM No.....

HOUSE OWNERS/HOUSE HOLDERS CLAIM FORM

CLAIM UNDER POLICY NO.

NAME OF INSURED Agency
Please state whether Mr. Mrs. or Miss

Tel No's Home Business

AN ANSWER IS REQUESTED TO EACH OF THE FOLLOWING QUESTIONS

(a) What was the nature of the occurrence (e.g. "Fire") and when did it take place?	At p.m.) a.m) On.....
(b) At what address did it take place?	
(c) For what purposes were the Premises being used at date of the occurrence?	
(d) Describe briefly what happened and the resultant damage, and state what you believe caused it to happen.	
(e) Were the Premises and their occupants at the time of the occurrence exactly as described in the policy? Had any element of risk been introduced which was not allowed by the policy?	
(f) Is the claimant the Sole Owner of the Property damaged or destroyed? If not, state full particulars of any other interest.	
(g) Were there at the time of the occurrence any other existing Insurances on the said Property with any other Company or Insurer, whether effected by the Claimant or by any other Person? If so, state full particulars. If not, please write "No"	
(h) Give dates of any previous claim of a similar nature you have made in connection with these or any other premises, and state the amount of the loss. If none, Please write "None"	

THE DETAILS REQUIRED OVER-LEAF MUST BE GIVEN

Now residing at

do hereby declare that the is above is a full and accurate statement and

I further declare that the articles mentioned on the other side, being my property, and insured under the above-named policy or policies, were destroyed or damaged by the stated occurrence according to the extent and values detailed overleaf, wherefore I claim fromthe sum of

As witness my hand this day day of 20

Signature

