

PROPERTY LOST, STOLEN OR DAMAGED CLAIM

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.

DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Insured's signature _____

Capacity _____

Date _____

Note: Completion of the claim form does not warrant the validity of a claim.

Broker/Agent _____

Policy number _____

VAT reg. number _____

Insured

Name and occupation _____

Address and daytime phone number _____

Loss/Damage occurrence

Date and time of loss/damage _____

When was the loss/damage discovered _____

Loss/Damage place

Place where loss/damage occurred _____

Were premises occupied _____

If so, by whom _____

If not occupied, when last occupied _____

Purpose of occupation _____

Cause of loss/damage

Describe fully how the loss/damage occurred, stating how (if applicable) entry was gained to premises _____

If loss/damage was caused by another party, give name and address _____

Was the alarm activated prior to the loss/damage _____

Have you requested the alarm report from your security company _____

Previous loss/damage

Have you previously suffered loss/damage _____

If so, give details _____

If insured, provide name of Insurer _____

Police

Police station _____

Police reference number _____

Date reported to Police _____

Other interest

Has any other party an interest in the insured property, e.g. Credit Agreement _____

If so, give name and interest _____

Other insurance

Is there any other insurance covering this loss/damage _____

If so, give name of Insurer _____

Estimated total value of all the property insured under the policy _____

R

When last valued _____

