

HOMEOWNER'S/HOUSEHOLDER'S CLAIM FORM

Policy No. Agent
 Sum Insured Agent Address
 Name of Insured

1. When did the damage take place?

Date
 Time

2. Address of the premises where the damage occurred.

3. (a) For what purpose (e.g. Private dwelling, Shop, Factory, etc.) were the premises occupied at the date of the damage?

(b) If any alteration in risk had taken place since policy was issued or last endorsed please give details

4. What was the cause of the damage?

How did it occur?

5. (a) Does the property in respect of which the claim is made belong solely to you?

Yes No

(b) If not, please give full name of any other party interested therein.

6. (a) Are there any other insurances on the property, whether effected by you or any other party?

Yes No

(b) If so, please give name of Company, Policy No. And amount insured, if known.

Company Policy No. Amount

7. (a) Have you previously suffered loss from a similar cause in these or other premises?

Yes No

(b) If so, please give details

I/We do hereby declare that the above is a full, true and accurate statement, and I/We further declare that the property mentioned on the reverse hereof, which belongs to me/us and which is insured under the above-named Policy or Policies, was destroyed or damaged as aforesaid according to the extent and values stated; wherefore I/We claim the sum of the amount thereof. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Signature of Insured

Address

Date

