

multisure
INSURANCE BROKERS
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HOUSE OWNERS CLAIM FORM

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(TO BE COMPLETED AND SIGNED BY CLAIMANT)

Insured Name		Policy Number	
Insured Telephone Number			
Insured Occupation			
Insured Postal Address			
Agent Name			

DETAIL OF LOSS OR DAMAGE

Loss / Damage : Date Time When was the Loss / Damage discovered?

Address where Loss / Damage occurred

Were premises occupied? YES NO If YES, by whom

Purpose of Occupation If NO, when was it last occupied?

Describe fully how the loss or Damage occurred.
If applicable, state how entry was gained to premises.

Was burglar alarm activated? YES NO

If Loss/Damage caused by another party, give name and address

Have you previously suffered a Loss / Damage? YES NO

If YES, give detail of Loss / Damage and Insurer Name

Police Station to which reported Police Reference No Date on which reported

Has any other party an interest in the insured property, e.g. Hire purchase or other Credit Agreement? YES NO

If YES, give name and interest

Is there any other insurance covering this Loss / Damage? YES NO

If YES, give name of Insurer and Policy Number

Estimated total value of all property insured under this policy When was it last valued?

DECLARATION

I/we warrant and declare that the particulars given above are true in every respect and that I/we have not withheld any information whatsoever in connection with the claim.

SIGNATURE OF CLAIMANT Date

This form should be completed fully without delay and forwarded to the Company at one of the above addresses or your broker / agent. The issue of this form does not imply an admission of liability.

