

home or contents claim form

Claim No

section 1: insured

Title Mr Mrs Miss Ms Dr Other *(please specify)*

First names Last name (or Corporate name)

Address (include Town, City or District & Post Code)

Occupation Phone (Home) (Business)

section 2: contents only

Are you the Insured, named on our policy records?..... yes no

If 'No', please complete the rest of this block. If 'Yes', go to the 'Description of Occurrence' block.

State your full name Age

What is your relationship to the insured (e.g. wife, son etc)?

Do you continuously reside at the Insured's address as shown on our policy records?..... yes no

If 'No', where do you normally live?

section 3: description of occurrence

Situation of loss or occurrence

Day and date of loss or occurrence Date Time am pm

Please give a full description of what happened

