

PROPERTY LOSS OR DAMAGE

CLEAR FORM

PRINT FORM

Claim Form

INSURED

Name of insured

Policy number

Contact person

Contact phone number

Contact email address

VAT number

INCIDENT

Date of incident

Time of incident

Place of loss

Estimate

Is this incident covered
under any other policy
of insurance

POLICE

Place where reported

Date of reporting

Case number (if reported)

LOSSES CAUSED BY OTHER PARTIES

Name

Contact phone number

Contact email address

Address

THEFT/BURGLARY/FORCIBLE ENTRY

Is there a working alarm at the insured premises where loss or damage took place?

Alarm activation report attached?

Proof of forcible entry (e.g. repair invoice) attached?

Full description of how
entry was gained to the
property

