

# PROPERTY LOSS OR DAMAGE

CLEAR FORM

PRINT FORM

## Claim Form

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### 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

