

HOME CONTENTS CLAIM FORM

Poli No.	cy	су Померанция и поме																Claims No.:(For Off							ffic	ficial Use)															
Nan	Name of insured																																								
Hon	ne	add	res	s																																					
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Tel	No.	(O)																								Ν	lot	oile	<u>.</u>												
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1.	1. What was the nature of the occurrence and when did it take place?										At p.m. on a.m.																														
2. At what address did it take place?																																_									
3.	. For what purposes were the Premises being used at date of occurrence?																																								
4.	Describe briefly what happened and the resultant damage, and state what you believe caused it to happen																																_								
5.	5. Were the Premises and their occupation at the time of the occurrence exactly as described in											Yes No																													
	t	the Policy?																																							
	Had any element of risk been introduced which was not allowed by the Policy?																	,	Yes	;		[N	No																
6. Is the Claimant the Sole Owner of the property damaged or destroyed? If not, state full particulars of any other Interest] ,	Yes	;		[No																	
																		,																							_

7. Who has with Please enclo	nessed the loss? se his statement.										
8. What measu	res were taken to minimize the loss?										
9. Describe the	incident.										
1	ic Fire Brigade /Police were informed? If enclose the certificate from the Fire R from Police	Yes No									
	It the time of the occurrence any other brance policies on the said Property, with		Yes	☐ No							
any other Co	ompany or Insurer, whether effected by or by any other Person?	If yes, please	e provide full pa	articulars							
Details of C	Claim for property destroyed or damaged as	required by th	e conditions of	the company's	policies.						
Policy No. & Item of Policy	Description of property claimed for in detail	Amt. Insured	Market Value at time of loss	Market Value after the loss	Amt. Claimed						
I/We do hereby sol	emnly and sincerely declare that the details	s appended her	eto, are a full, tr	ue and correct	statement of the						
sum of RO. and tha	me/us on the property insured by the above at the amounts claimed in respect of each a ute their value at the time of loss or damage	and all of the se	everal articles o	r items of prop	•						
caused the said los	olemnly and sincerely declare that I/We has, or by connivance, fraud or misrepresent ons conscientiously believing the same	ation sought to	benefit thereb	y, and I/We ma	ke the foregoing						
Address —				Signature of	the Insured						