

**For Home and Legacy office use only**

**If you need any assistance in completion of this form, please contact the Claims Department on 0207 553 2090.**

**Claim Number:**

**1. GENERAL**

Name	Policy Number
Address	Are You Registered for VAT?
Work Tel. No.	Date of birth      /      /
Home Tel. No.	Email Address
Mobile No.	Occupation

**2. CIRCUMSTANCES OF LOSS/DAMAGE** (Please complete for all claims)

Date of Occurrence: \_\_\_\_\_

Time of Occurrence: \_\_\_\_\_

Where did the loss occur? \_\_\_\_\_

Was your home occupied:  
(Tick box)                      YES       NO

If NO, how long had it been unoccupied prior to the Loss? \_\_\_\_\_

Have you suffered any other losses during the past 5 years?  
(Tick box)                      YES       NO

If YES please give details below? \_\_\_\_\_

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Do you hold any other insurance which may cover this incident (e.g. travel insurance)?  
(Tick box)                      YES       NO

If YES please provide details as follows:  
Insurer: \_\_\_\_\_  
Policy Number: \_\_\_\_\_

**3. LOSS/THEFT/MALICIOUS DAMAGE CLAIMS ONLY**

How was entry gained? \_\_\_\_\_

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Reported to Police on: \_\_\_\_\_

Police Reference No: \_\_\_\_\_

Police Station Address: \_\_\_\_\_

(Note: Claims for Accidental Loss, Theft or Malicious Damage MUST be reported to Police)

If a theft occurred from the Insured Address:

(a) is the property let, lent or sublet?  
(Tick box)                      YES       NO

(b) is the property protected by a burglar alarm?  
(Tick box)                      YES       NO

If the answer to (b) is YES, did the alarm operate?  
(Tick box)                      YES       NO

Please state exactly how the incident occurred.

