



HOME COVER CLAIM FORM

Branch/Agent/Broker:		Policy Number :	Claim Number:
1.	Name of Insured:		Email Address:
	Home & Mailing Address:		Telephone Number:
	Business Address:		Telephone Number:
	Cellular phone Number		Fax Number:
	Address of Property Damage:		Description of Property Damaged
2.	Date of Occurrence: (MM/DD/YY)	Particulars of Occurrence	
3.	Were the premises occupied at the time of the Loss? (Please tick the appropriate box) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If not, please give the period of unoccupancy.
4.	State precisely the purpose for which the premises were being used at the time of the loss.		
5.	Who are the owners of the damaged property? Please state full names and addresses:		
6.	Are there any other insurances on the said property; whether effected by the claimant or any other person? (Please tick the appropriate box) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If yes, please state the name of company, policy number and insured amount: \$ _____
7.	Have you experienced any previous claims of a similar nature? (Please tick the appropriate box) Yes: <input type="checkbox"/> No: <input type="checkbox"/>		If yes, please provide details
8.	Kindly state the approximate value of the loss \$ _____		

I/we DECLARE that these particulars including those on the reverse side are TRUE and COMPLETE and I/we am/are aware that I/we must submit my/our detailed estimate/claim within 30 days of the event

Authorized Signature: _____ DATED: _____

The Information on the reverse of the form must be completed and is a part of the declaration made by you above.

