



Home claim form

This claim form is not an admission of liability. We thank you in advance for filling in this claim form in full in order to assure a fast and accurate processing. This form was simplified according to your needs. As a consequence, all fields are compulsory. Thanks again for your cooperation.

| A. ADMINISTRATIVE | | | |
|--|---|---|---|
| Policy No: | | Policy Holder / Company Name: | |
| Email Address: | | Phone No: | |
| Are you the Landlord or the Tenant of the insured House? | | Landlord | Tenant |
| B. CLAIM CIRCUMSTANCES | | | |
| Date of Incident: | | Time of Incident: | |
| Location of the Incident: | | Home in the open but in the House premises outside the House premises abroad In transit from Insured's Home to another Home | |
| Type of Claim: | Damage | Theft | Injury Other (please specify): |
| Object of the Claim: | | | |
| <i>Contents</i> (Household goods) <i>Portable Equipment</i> (mobile phones, laptops, photographic, sports, musical) <i>Valuables</i> (jewellery, articles of precious metal, works of art, stamps, coins, medal collections, pictures, rugs/carpets, fur) <i>Personal Belongings</i> (luggage, clothing, articles of personal use normally worn/used/carried about) | <i>Personal money and credit cards</i> <i>Personal documents</i> (Passport, driving license, work permit, residence permit) <i>Visitors Personal Effects</i> (other than cash, valuables, documents) Theft of <i>house keys</i> Spoilage of <i>food in deep freezer</i> | <i>Building</i> (Home, garages, pools, terraces, patios, footpaths, walls, fences, gates) <i>Fixed Glass and Sanitary fixtures</i> (fixed glass part of the Building) <i>Loss of rent/cost of alternative accommodation</i> (because home is damaged and made uninhabitable) <i>Services</i> under your responsibility (cables, underground pipes providing services to/from the Building, septic tanks, drain covers) | <i>Domestic Helper</i> injury (Death, Permanent Total Disability, Medical expenses, Repatriation expenses) <i>Legal Liability</i> in respect of accidental bodily injury to a person/accidental damage to property <i>Fatal Injury</i> caused in your Home by fire explosion, lightning, thieves <i>Other</i> (specify): |
| Description of the Incident: | | | |
| Was the incident reported to the Police? N Y | | If Yes, in which date? | |
| To which Police station? | | (please attach the Police report) | |
| Is there any other Insurance covering the same property? Y N | If yes, Company: | | Policy No: |

