

House and Contents Claim Form



It is essential that this form be returned directly to Ansvar Insurance, with all questions answered, at the earliest opportunity. Please print your answers and where appropriate. If insufficient room, please attach separate sheet.

Office use only Claim number

1. Policyholder details

Name Policy number

Address Postcode

Telephone: Home Telephone: Work Telephone: Mobile Email

2. Date of loss / /

3. Nature of loss (burglary, fire, etc)

4. Address of the premises at which the loss was sustained Postcode

5. Do you occupy the premises as the owner or tenant?

Owner Tenant Were the premises unoccupied at the time of loss? Yes No

If yes, please provide details

6. Describe how the loss occurred

7. Ownership details

Are you the owner of the property lost or damaged? Yes No *If no, who does own the lost or damaged property*

Owner's name

Address Postcode

8. Was another person responsible for the damage to your property?

Yes No *If yes, name and address of person responsible* Name

Address

Postcode Telephone

9. If burglary, method of entry

10. Damaged caused by entry

11. Other insurance

If there is other insurance on the property for which a claim is being made, please tell us the:

Name of the insurance company Type of insurance

Policy number Period of cover / /

