

CLAIM FORM (HOME INSURANCE)

1. INSURED NAME: _____
2. ADDRESS OF INSURED PROPERTY: _____
3. POLICY NO. _____
4. DATE OF LOSS: _____
5. NATURE OF LOSS: _____
6. DETAIL OF DAMAGES: _____

7. CIRCUMSTANCES OF LOSS: _____

8. LOSS AMOUNT: _____
9. WHEN WAS THE POLICE NOTIFIED OF THE INCIDENT? (If applicable)

10. ARE THE DAMAGES REPAIRABLE: _____
11. IS THIS PROPERTY AND CONTENTS ALSO INSURED WITH ANY OTHER COMPANY?
If yes, please give details of insurance policy.

I /We hereby confirm that all the above mentioned facts are true to my knowledge. I/We further solemnly declare that I/We have no manner nor by any fraud nor willful misrepresentation nor non disclosure sought unjustly to benefit by the said Fire/damage and that this solemn declaration made by me/us conscientiously believing the same to be true.

Insured's Signature