



# ESB Household Insurance Claim Form

Call Save Number 1890 290241

Use Block Capitals throughout.

## DETAILS FOR COMPLETION

### POLICYHOLDER'S DETAILS

Policy Number  Claim No (if known)

Title  Surname  First Name

Occupation  E-mail address:

Address

Telephone no: Work  Home  Mobile

Are you registered for VAT? Yes  No

Mortgage provider (who has an interest in this property)

### PROPERTY DETAILS

How long have you lived at this address?

Is the property occupied solely by you and your family? Yes  No

If no, please provide details

Is any part of the property let or used for business purposes? Yes  No

If yes, please provide details

Was the property occupied at the time of the loss / damage? Yes  No

If no, please advise number of days unoccupied and from what date?

Or if regularly checked, how many days since last check?

Is there an alarm system in working order? Yes  No  If yes, was it set at the time of the loss? Yes  No

Have you or any member of your household ever been convicted or; have any pending prosecutions for fraud? Yes  No

If yes, please provide details

### LOSS / DAMAGE DETAILS

Where did the loss / damage happen?

When did the loss / damage happen? Date  Time

How did the loss / damage happen? Please provide as much detail as possible.

Are you the sole owner of the property claimed for? Yes  No

If no, please provide details

Is the property/item(s) used or held for business or professional purposes? Yes  No

Are you aware of the identity of the person who caused the damage? Yes  No

If yes, please provide Name:

Address:

Tel:

If you have been insured with ESB Staff Insurance Scheme for the last 3 years, have you made a claim under same? Yes  No

If you have NOT been insured with ESB Staff Insurance Scheme for the last 3 years. Other than any accidental damage claims which you did not claim for; have you suffered any other losses in the past 3 years under any other household policy whether such losses were covered by insurance or not? Yes  No

Name of insurance company  Policy Number

Date:  Loss Type:  Amt. Paid:

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Date:  Loss Type:  Amt. Paid:

Date:  Loss Type:  Amt. Paid:

To the best of your knowledge have you had any work carried out recently that may have contributed to the loss/damage? Yes  No   
If yes, please provide details of the work and who undertook it.

  

Does any other insurance policy cover the property you are claiming for? Yes  No   
If yes please provide details.

Name of insurance company  Policy Number

#### STATEMENT OF CLAIM

Please note that we require a written estimate for the repair/replacement of the property for which you are claiming. This should be provided by a retailer/tradesperson

Please retain all damaged goods for inspection and do not carry out any work (other than temporary emergency repairs) before we have had a chance to inspect.

If you do not retain all damaged goods for inspection or if you carry out repairs before we have had a chance to inspect, your action may prejudice our position and may mean that we cannot deal with your claim.

#### DAMAGED BUILDINGS:

Description of Property:

  

Estimated Cost of Repair:

#### DAMAGED CONTENTS:

Description of property Loss/Damage (including make, model and serial number if known)	Name of owner	Year of purchase	Place of purchase (if known)	*Estimated cost of replacement (if known)

\* If the estimates are not available when completing this claim form they may be forwarded separately

Total price paid  Total estimated cost of replacement

#### Declaration

- I/We hereby declare that the above statements and information furnished by me /us or on my /our behalf are to the best of my/our knowledge true and complete in every respect
- I/We have disclosed all information in my/our possession.
- I/We understand that RSA may seek information from other insurance companies to check the answers I/we have provided.
- I/We understand that RSA may pass the information on this claim to Insurance Link and other industry databases where it will be available to other insurance companies.

- If/We also understand that, in response to any searches related to such information provided, Insurance Link and other insurance companies may pass onto RSA information it has received about other incidents involving anyone insured under the policy.

Policyholder Signature  Date

### GARDA REPORT DETAILS

**Claims involving theft, loss, vehicle impact or malicious damage must be reported to the Gardai and the following must be completed:**

This section to be completed by the Gardai: This is to certify that:

Name

Address

Reported the loss or theft of  to this station (Name and Address)

On (date)  (time)

In our report we have recorded the interest of RSA Insurance Ireland Limited in this property. \*

Garda Pulse number  Garda signature   
Garda stamp (where required)

Please insert additional information here if required


### DATA PROTECTION

RSA Insurance Ireland Ltd recognise that protecting personal information including sensitive personal information, is very important and we recognise that you have an interest in how we collect, use and share such information.

Please read the following carefully as it contains important information relating to the information that you give us or has been provided to us on your behalf. If you provide information relating to anyone other than yourself, you are responsible for obtaining their consent to the use of their data in the manner outlined below.

#### What Does RSA do with Your Personal Data

Information you provide will be used by RSA for the purposes of processing your application and administering your insurance policy. RSA may need to collect sensitive data relating to you (such as medical or health records or convictions) in order to process your application and/or any claim made. All information supplied by you will be treated in confidence by RSA and will not be disclosed to any third parties except (a) to our agents, sub-contractors and re-insurers (b) to third parties involved in the assessment, administration or investigation of a claim, (c) where your consent has been received or (d) where permitted by law. In order to provide you with products and services this information will be held in the data systems of RSA or our agents or subcontractors.

RSA may pass your information to other companies for processing on its behalf. Some of these companies may be based outside the EEA, but in all cases RSA will ensure that its transfers of data are lawful and that your information is kept securely and only used for the purposes for which it was provided. Calls to RSA may be recorded for quality assurance or verification purposes.

### **Fraud Prevention, Detection & Claims History**

In order to prevent and detect fraud and the non-disclosure of relevant information RSA may at any time:

- Share information about you with companies within the RSA Insurance Group, other organisations outside the RSA Group including where applicable private investigators and public bodies including An Garda Síochána;
- Check and / or file your details with fraud prevention agencies and databases, and if you give us false or inaccurate information and we suspect fraud, we will record this.

RSA may also search these agencies and databases to:

- Help make decisions about the provision and administration of insurance, credit and related services for you ;
- Trace debtors or beneficiaries, recover debt, prevent fraud and to manage your insurance policies with RSA;
- Check your identity to prevent money laundering, unless you furnish us with other satisfactory proof of identity;
- Undertake credit searches and additional fraud searches.

### **Insurance Database**

Information about claims (whether by our customers or third parties) made under policies that we provide is collected by us when a claim is made and is placed on an insurance industry database of claims known as Insurance Link. This information may be shared with other insurance companies, self insurers or statutory authorities.

Insurance companies share claims data:

- a. To ensure that more than one claim cannot be made for the same personal injury or property damage
- b. To check that claims information matches what was provided when insurance cover was taken out
- c. When required to act as a basis for investigating claims when our recorded information is incorrect or when we suspect that insurance fraud is being attempted.

The purpose of Insurance Link is to help us identify incorrect information and fraudulent claims and, therefore, to protect customers.

Guidelines for sharing your information with other insurance companies, self insuring organisations or statutory authorities are contained in the Data Protection Commissioners Code of Practice on Data Protection for the Insurance Sector which is available at [www.dataprotection.ie](http://www.dataprotection.ie)

Under the Data Protection Acts 1988 and 2003 you have a right to know what information about you and your previous claims is held on Insurance Link. If you wish to exercise this right then please visit [www.dataprotection.ie](http://www.dataprotection.ie) for advice on how to access this information.

How to contact us

On payment of a small fee you are entitled to receive a copy of the information we hold about you and to seek rectification of any inaccurate data. If you have any questions, or you would like to find out more about this notice you can write to the Data Protection Officer, RSA Insurance Ireland Ltd, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.

### **Consent**

By providing us with your information you consent to all of your information being used, processed, disclosed and retained as set out above.

### **Contacting us about this claim**

If you have any queries regarding completion of this form please contact JLT Ireland through ESB Staff Insurance Schemes on 01 7026215 or 01 7027587 or Head Office Ext. 26215/27587 If you have any queries on the progress of your claim, please contact this number: 1890 290 241 You may wish to keep a copy of this form for your records.



RSA, RSA House, Dundrum Town Centre, Sandyford Road, Dundrum, Dublin 16.  
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