

Household Claim Form



HOW WE CAN HELP YOU

We give our claims the greatest possible care and try to deal with them as quickly as possible. However claims are sometimes delayed by incomplete information. Please help us to help you by:

- ▶ telephoning us if possible and using this form as a guide
- ▶ making sure that your policy provides cover in respect of the claim being made.
- ▶ reading the section in the policy booklet which gives guidance on making a claim
- ▶ completing the appropriate sections of this form
- ▶ making sure that the information you give is as clear and complete as possible
- ▶ remembering to sign and date this form
- ▶ enclosing evidence of the amount(s) claimed.
- ▶ following the advice given in this form

If you are reporting an incident where someone is, or may be, holding you legally responsible, write to us giving full details of the incident.

Important Note: You must enclose valuations/receipts with this claim form.

Claims under your policy will be handled by Royal & Sun Alliance Insurance plc.

If you are reporting a claim under Legal Expenses cover write, giving full details to: First Assist Insurance Services Ltd., Marshalls Court, Marshalls Road, Sutton, Surrey SM1 4DU. (Telephone Number 0208 643 4476)

Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

All personal information supplied by you will be treated in confidence by the Royal & Sun Alliance Insurance Group of companies and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of the Royal & Sun Alliance Insurance Group of companies or our agents or subcontractors.

The Royal & Sun Alliance Insurance Group of companies may pass your personal data to other companies for processing on its behalf. Some of these companies may be based outside Europe in countries which may not have laws to protect your personal data, but in all cases the Group will ensure that it is kept securely and only used for the purposes for which you provided it. Details of the companies and countries involved can be provided to you on request.

Note: We may wish to arrange for our representatives to call on you to discuss this claim. Please ensure you provide a telephone number on which you can be contacted on weekdays between 9.00am and 5.00pm to arrange an appointment should such a visit be necessary.

For your protection, telephone calls may be recorded and monitored.

GENERAL DETAILS (to be completed for all claims)

1 Policy Number:	
2 Name: (Mr./Mrs./Miss/Ms)	
3a) Address	4 Telephone Numbers where we may contact you Daytime: Evening:
b) Correspondence Address (if different to the above) Postcode	
	Postcode
5 Incident Date:	6 Time of Incident:
7 How and where did the incident occur?	8 Details of any other parties involved: Names Addresses
9 In the last 5 years have you sustained a loss or claimed against any insurer for any of the risks covered by this policy? If yes, please give details	10 Details of any person with an interest in the items for which you are claiming (e.g. mortgagee, landlord, tenant, hire purchase company, rental company etc.)
11 Details of any other insurance covering the same loss/damage:	
12 Do you occupy the property as the owner <input type="checkbox"/> or tenant? <input type="checkbox"/>	
13a) Was the home unfurnished at the time of the incident (by unfurnished we mean without enough furniture for you and your family to live normally) Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) If Yes, for how long -	
14a) Was the home unoccupied at the time of the incident (by unoccupied we mean when your home is not lived in by your family or anyone who has your permission) Yes <input type="checkbox"/> No <input type="checkbox"/>	
b) If Yes, for how long -	

ALL CLAIMS FOR THEFT, ACCIDENTAL LOSS AWAY FROM HOME, MALICIOUS DAMAGE OR RIOT

15a) Date police were notified: b) Which Police Station was advised? c) Name and Number of Investigating Officer: d) Crime Report Number: e) Has the thief been identified? Yes <input type="checkbox"/> No <input type="checkbox"/>	16a) Is a burglar alarm fitted? Yes <input type="checkbox"/> No <input type="checkbox"/> b) If 'Yes' did the alarm operate? Yes <input type="checkbox"/> No <input type="checkbox"/>
	17a) If the theft involved forcible entry and/or exit, what was the method of entry: b) what was the method of exit:

BUILDINGS

18) Description of Damage:	
19a) Item:	b) Estimated cost of repair/replacement
c) Total Claimed £	
If you are NOT the owner of the building state:	
20) Name and Address of Owner (other than Mortgagor) Name: Address:	21) Why do you have to pay for repairs? e.g. terms of lease

CONTENTS, PERSONAL BELONGINGS, PEDAL CYCLES, FREEZER FOOD, MONEY & CREDIT CARDS AND BUSINESS USE

22a) Description of Item (Please indicate the owner of the item if this is not the Insured)	b) Age of Item	c) Price Paid	d) Cost of Repair/ Replacement
		e) Total Claimed £	
23a) Make and model Freezer Unit:	b) Date of Purchase of Freezer Unit:		
c) Name and address of Supplier of Freezer Unit:	d) Date of expiry of Guarantee or Warranty		
	e) If subject to a maintenance contract, with whom:		
24a) Have your credit cards been lost or stolen? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, give details of:			
b) Type of card	c) Issued By	d) Card Number	e) Date issuing authority informed

PERSONAL ACCIDENT/ILLNESS

25a) Name of injured / sick person:		b) Date of Birth:	
c) Occupation		d) Height:	e) Weight:
f) What is the nature of the injury / illness:		g) For how many days was the injured/sick person in hospital?	
h) State the period during which you have been totally disabled from attending to your business as the sole and direct result of the accident or illness.			From / / To / /
i) Are you still totally disabled? If not, from what date were you able to attend to some part of your business			
j) Name and Address of doctor examining the injured/sick person		k) Name and address of any witnesses of the incident:	
l) Total Claimed £			
Note: Claims must be accompanied by a medical certificate confirming the injury or illness and duration of hospital stay, if applicable.			

LEGAL LIABILITIES

26) Has a claim been made against you by a third party? <input type="checkbox"/> Yes <input type="checkbox"/> No Please provide full details:
Please forward any correspondence directly to us unacknowledged as soon as possible. A delay could seriously prejudice your claim.

DOMESTIC ANIMALS

27a) Description of insured animal including age:	b) Replacement Value £
Accident or illness Claims	
c) Details:	d) Location:
e) Amount claimed £	
Theft or Straying claims	
f) When and where was the animal last seen?	g) Amount claimed £
h) Did you advertise to recover your animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	j) Cost of advertisement £
i) If Yes, describe where and how you advertised:	
k) Did you pay a reward to recover your animal? Yes <input type="checkbox"/> No <input type="checkbox"/>	l) If Yes, how much did you pay? £
m) Name and address of person paid:	
Note: A vets certificate must be enclosed if the claim is for loss of use or death of an insured animal. A vets bill must be sent if claiming for vets fees.	

CARAVANS

28a) Description of loss or damage:			
			b) Total Claimed £
c) Description of fixtures and/or fittings <small>(Please indicate the owner of the item if this is not the Insured)</small>	d) Age of Item	e) Price Paid	f) Cost of Repair/ Replacement
(Use a separate sheet of paper if necessary)			g) Total Claimed £

HOLIDAY AND TRAVEL

29a) Length of Holiday in Days:	b) Age of person claiming:	
c) Location Visited:	d) Did the claim occur while taking part in winter sports? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Cancellation and Curtailment		
e) State reason:	f) Date of event leading up to this:	
g) If caused by illness, has the insured person suffered from this before? If so, please give details:		
h) Amount of Deposits £	i) Less any refund £	j) Net amount claimed £
k) If 'Nil' refund, please state why:		
Emergency Expenses - Medical		
l) Nature and cause of illness or injury: (attach Medical Certificates and Invoices)		
m) Date of illness or injury giving rise to expense:	n) Amount Claimed £ (Any amount claimed should be net of any money obtained under the National Health)	
Any Other Travel claim		
o) Type of claim	q) Amount claimed £	
p) Circumstances of claim		

BOATS

30) For claims to the boat	
a) Description and circumstances of loss/damage	b) Cost of repair/replacement
Other claims under this section:	
a) Please provide full details of the claim	b) Amount claimed £

LEGAL EXPENSES

31a) Please give details of your claim and provide copies of any relevant correspondence (Continue on a separate sheet if necessary):
When did you become aware:
b) Of the incident or circumstances giving rise to this claim:
c) That legal action might be necessary or occur?

VALUE ADDED TAX

32a) Are you registered for VAT, ie. is the insured accountable to the tax authorities in respect of value Added Tax	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) If the answer is 'Yes', please state Registration Number:		
c) In respect of this claim, will you be able to recover VAT on the cost of repair or replacement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<small>(If the answer is 'Yes', the amount to be claimed should be net of recoverable VAT)</small>		

ADDITIONAL INFORMATION

33) If you wish to supply further information, (including any sketch plans / drawings which are relevant) please use the space below, indicating to which question your answer refers. Continue on a separate sheet if necessary.

DECLARATION

I/We understand that you may ask for information from other insurers to check the answers I/We have provided.
I/We declare that the above statements and information given are true to the best of my/our knowledge and belief.

Signature: Date:

If this policy is in joint names please advise in the box below the name of the policyholder to whom the cheque should be made payable in the event of a payment being made. The signature of both policyholders is required in this instance.

Policyholders Name:

Return the completed form, with evidence of the amount claimed, to your insurance advisor or to your Royal & SunAlliance Team