**SAFE SCHEME** 

## **Property Loss/Damage Report Form**

#### SPECIALIST UNDERWRITING SERVICES

Melrose House, Dundrum Road, Dublin 14.

## THE FORM SHOULD BE COMPLETED AND RETURNED TO THE ABOVE ADDRESS, WITHOUT DELAY, TO ENABLE US TO ESTABLISH IF LOSS ADJUSTERS ARE REQUIRED

SERIOUS LOSSES OR DAMAGE SHOULD BE NOTIFIED IMMEDIATELY BY TELEPHONE OR FACSIMILE SO THAT INSPECTION CAN BE ARRANGED PRIOR TO DISPOSAL OR OTHERWISE OF ANY DAMAGED PROPERTY.

#### PLEASE ANSWER ALL QUESTIONS ON BOTH SIDES OF THIS FORM

Name of Insured:							
Address:							
	Tel:		Email:				
Office:							
Policy number:	Renewal date:						
Are you registered for V.A.T. Yes	No						
State nature of claim, i.e. fire , theft, breakage loss etc,							
How, when and where did loss occur, when was it discovered?							
If loss was burglary or theft state:							
How was entry to premises obtained?							
(b) Have Gardai been advised, If so address of station:							
(c) Have you any reason to suspect any particular person?							
If so, give full details which will be treated as private and confidential.							
At time of loss what was value of	(a) Buildings:						
	(b) Contents:						

# **Property Loss/Damage Report Form**

Has any other person an interest in the property claimed for ? i.e. Building Society/Bank, if so supply address and reference number.

Is there any other insurance covering the property concerned? If so, please give details:

Have you previously made a claim of this nature under any policy of insurance? If so give details:

DECLARATION: I/We declare that these particulars are:

True to the best of my/our knowledge

Date:

Signed

### **Statement of Claim**

Full Description of Article	From whom obtained (Name and Address)	Date Acquired	Cost Price When Acquired €	Estimate for Repairs/ Replacement (Please Attach) €	Amount Claimed €