

CLAIM FORM

General claim

If you need any help with this form, please contact Sherpa Insurance Brokers & Advocates.

If you supply any untrue or false information and know that it is not true the insurer shall have the right to refuse the claim.

Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".

You must not incur any expense (unless it is to minimise the loss), or admit fault, without the insurer's permission.

A. The insured

Name: _____

Postal address: _____

Best contact phone number: _____

Email: _____

Insurer: _____ Policy number: _____

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account:

B. The loss or damage

1. When did the loss or damage happen? Date: _____ Time: _____ AM ☐ PM ☐

2. Where did it happen? (Please give the full address or details of the location): _____

3. When did you first know about it? _____

4. How did the loss or damage happen? (Please give full details): _____

5. Have you done anything to reduce or recover the loss or damage? Yes ☐ No ☐

If "YES", please give details: _____

6. Were there any witnesses? Yes ☐ No ☐

7. Do you think that any other person is responsible for the loss or damage? Yes ☐ No ☐

If you have answered "YES" to questions 6 or 7, please give details: _____

C. Burglary/theft

1. Does this claim involve burglary, theft, unexplained loss or intentional damage? Yes ☐ No ☐
If "NO" please go to Part D.
If "YES" it must be reported to the Police and questions 2, 3 and 4 answered.
2. Is a Police Complaint Acknowledgment attached? Yes ☐ No ☐
If "NO" please complete the details below:
Reported by: _____ Date: _____
To (station name): _____ Complaint ref. no: _____
Name of attending officer: _____
3. Was there any sign of forced entry? Yes ☐ No ☐
If "YES", please provide details: _____
4. Did the premises have a burglar alarm? Yes ☐ No ☐
If "YES", was the alarm on at the time the loss or damage happened? Yes ☐ No ☐

D. General questions

1. Do you have any other insurance which covers this loss or damage? Yes ☐ No ☐
2. Have you claimed on any type of property insurance in the past 5 years? Yes ☐ No ☐
If "YES" to question 1 or 2 please give full details (include date, type of claims and name of insurer): _____

E. The property lost or damaged

- To support ownership and the amounts claimed, please attach receipts, valuations, guarantees, current quotations or other documents.
- If repairs have been paid for, please attach a receipt or account.
- Wilful or reckless exaggeration of any amount claimed will forfeit the claim.
- If at all possible, keep damaged items available so they can be inspected if needed.

| Description of Item (make, model, serial no.) | Age of Item | Current Replacement Cost | Repair Cost |
|--|----------------|-----------------------------|-------------|
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| | | | |
| Total Amount | | | \$ |

If there is not enough room to list everything you are claiming for, please attach an additional list.

Is there an additional list attached? Yes ☐ No ☐

1. Are you the sole owner of the lost or damaged property? Yes ☐ No ☐
If "NO", please give full details of the owner, or of any other person who owns a share of the property:

Owner's name and address: _____

Telephone: _____
2. Is any of the lost or damaged property subject to any financial or hire purchase agreement? Yes ☐ No ☐
If "YES" please give full details of any mortgagee, etc below:

Company name and address: _____

Telephone: _____
3. If the damaged property is a building, who occupies it? Tenants ☐ Owner ☐ Other ☐
If "TENANTS" or "OTHER" please give their details below:

Name and address: _____

Telephone: _____

F. Declaration and signature

I declare that:

1. Material facts
 - (a) All information given to Sherpa Insurance Brokers & Advocates in connection with this claim (whether oral or written) is true and correct;
 - (b) No information relevant to the claim is omitted.
2. Use of information
 - (a) My personal information collected by Sherpa Insurance Brokers & Advocates in connection with this claim may be:
 - (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited;
 - (ii) disclosed to parties repairing or replacing the subject matter of the claim;
 - (iii) disclosed to parties who have a financial interest in the subject matter of the policy;
 - b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer.

Please note:

- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, your claim may be declined.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all insureds: _____ Signature date: _____

Full name: _____