

# Household Insurance



## Claim Form

Broker / Agent

Policy No.

We will give your claims the greatest possible care, however to help us help you please –

- When you complete the Claim Form, please write clearly in block capitals and use ink.
- Make sure that the information you give us is as clear and complete as possible
- Remember to sign and date this form

### SECTION 1 – PERSONAL DETAILS

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Contact Telephone No. \_\_\_\_\_

Previous address: \_\_\_\_\_

(If you have lived at the above address for less than 3 years)

\_\_\_\_\_ Email: \_\_\_\_\_

### SECTION 1 – PERSONAL DETAILS

If the property for which you are claiming is also insured under any other policy, give details.

If any other party, ie. Mortgage provider has an interest in the property, give details

Company name: \_\_\_\_\_

Policy No. \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

### SECTION 3 – DETAILS OF CLAIM

How did loss/damage happen ?

(Please add any additional

information that is relevant to the claim, continue on a separate sheet if necessary.)

Date of Loss/Damage:

Time:

Where did loss/damage happen ?

Please advise us of the identity of the person that caused the damage:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone no. \_\_\_\_\_

Who was residing at the property at the time of loss/damage ? \_\_\_\_\_

If the property was unoccupied, for how long was it unoccupied ? \_\_\_\_\_

Does the property have an alarm system ? Yes  No

If yes, was the system armed at the time of loss ? Yes  No

Is the property your main residence ? Yes  No

If no, please specify \_\_\_\_\_

Have you suffered any other losses in the last 5 years under this or any other household policy ? If yes, please give details:

If there is any additional information that relates to the claim, please give details here.

In relation to claims involving theft, loss, vehicle impact or malicious damage the Gardai must be notified and complete the following:

When and at what Garda station was report made ?

Garda reference No.  Date/Time: \_\_\_\_\_ Station: \_\_\_\_\_

The interest of **Royal & Sun Alliance**,  
has been noted.

Signed: .....

GARDA STAMP

DESCRIPTION OF ITEMS/REPAIRS FOR WHICH YOU ARE CLAIMING	AGE OF ITEMS	PURCHASE PRICE (IF KNOWN)	AMOUNT CLAIMED

TOTAL AMOUNT BEING CLAIMED :

**Declaration**

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/We claim the amount above in respect of the items mentioned. I/We understand that we may seek information from other Insurers to check the answers I/We have provided.

Date:

Signature of Insured:

Please return the completed form, with its supporting documentation to:  
The Claims Department, Royal & SunAlliance, 13/17 Dawson Street, Dublin 2.  
Telephone: (01) 6771851. Facsimile: (01) 6717625.