



Claim Advice Form

Date

MM

DD

YY

Who is reporting this claim?

Name

Contact Number

Insured details

Policy Number

Type of Policy

Name of the Insured

Address

What happened

Details of the incident

Where are the items being kept

Description of the items lost/damaged/stolen

Item

What you will need to support your claim

Photographs

Damage Report

Proof of ownership

Police Reference