



ECCLESIASTICAL INSURANCE OFFICE PLC

PROPERTY CLAIM FORM

Note – This form is issued without prejudice to the rights or liabilities of the Company.

Claim number: _____ Policy number: _____

We will give your claim the greatest possible care, however to assist us in helping you please –

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

Section 1 – Personal Details:

Name: _____ Occupation: _____

Address: _____

_____ E-mail: _____

Contact Telephone No: _____ Date of Birth: _____

Are you registered for VAT?(if yes, state registered no): _____

Section 2 – Policy/Property Details:

Is the property lent, let or sublet? _____ If 'yes', name of landlord/tenants: _____

As a tenant, are you responsible for the repairs to buildings or landlord's fixtures & fittings? _____

Is the property protected by a burglar alarm? _____

Is there any other insurance covering the property? _____

Section 3 – Claims History:

Have you suffered any other losses in the last 5 years under this or any other policy? _____

If 'yes', please give details _____

Section 4 – Details of this Claim:

Date and time of loss/damage _____ Where did loss/damage happen? _____

Was the property unoccupied? _____ If 'yes', how long? _____

In the event of fire, did the fire brigade attend and from which station? _____

How did loss/damage occur, give full details (if Theft, was entry/exit forced?)

(use an additional sheet if necessary)

Section 5 – Particulars of Damage/Loss:

If the Claim is likely to exceed €2,000, please inform us immediately, as we may wish to appoint an adjuster to inspect the damage on our behalf.

Originals (not photocopies) of documentation must be supplied in support of your claim:

- Buildings / Glass – an estimate for repairs

Note: Where appropriate, the estimates should detail labour and material charges separately

- Contents / All Risks – either the original purchase invoice if available or an estimate or receipt for the replacement article(s)

Description of Items/Repairs for which you are claiming	Age of Items	Purchase Price	Amount Claimed

Your claim will be considered in accordance with the scope of cover granted by your policy.

Section 6 – Certification for completion by An Garda Siochana:

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

Garda reference No.: _____

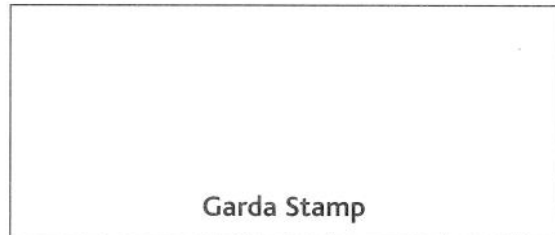
Date/Time: _____

Station: _____

The interest of Ecclesiastical, has been noted.

Signed: _____

(Garda)



Section 7 – Declaration:

**WARNING - IT IS A CRIMINAL OFFENCE TO MAKE
FRAUDULENT OR EXAGGERATED CLAIMS**

I/We declare that the foregoing statements are true to the best of my/our knowledge and belief

Date: _____ Signature: _____

If acting on behalf of an organisation, state office held: _____

Fitzwilliam Business Centre, 77 Sir John Rogerson's Quay, Dublin 2
Tel: 01 662 4933 Fax: 01 662 4639 www.ecclesiastical.ie ireland@eigmail.com

Registered Office: Beaufort House Brunswick Road Gloucester GL1 1JZ. Registered number 24869 England

Ecclesiastical Insurance Office plc is regulated by the Financial Services Authority and is subject to the Financial Regulator's Conduct of Business Rules