# **Household Claim - Incident Report Form**



Policy No:	Claim Ref:		Insurer:		
<ul> <li>Complete sections A, B, C &amp; G wher</li> <li>Complete sections A, B, C, E, F &amp; G</li> <li>Complete sections A, B, D, E, F &amp; G</li> </ul>	when reporting los	s or damage due to <b>Burg</b>	lary or Malicious Damage.		
☐ Garda complete S	ection G <i>, where ap</i>	pplicable	e Bushels, Cornmarket, Wexford.		
<i></i>	POLICYHOI	DER DETAILS			
Policyholder Name:		P	olicyholder D.O.B:		
Dalisada al dan Addusas					
		Telephone Number:			
Occupation:		Are you registered for V	/AT? Yes □ No □		
Have you suffered any other losses in the past 5 years under this or any other household policy where such losses were covered by insurance or not? (If yes, give details below)  Yes  No					
Have you, or any member of your househor convictions other than motoring offences?			ecution pending, for any criminal		
<b>&gt;</b>	DDODEDI	TV DETAILS			
Are you the sole owner of this property?	PROPERTY DETAILS  Are you the sole owner of this property?  Yes □ No □  If no, please provide name(s) of all others who hold an interest in this property:				
Is there a mortgage attached to this property?	Yes □ No □	Name of Mortgage p	rovider:		
Property Type (eg: bungalow, terrace etc.)					
Property Address: (if different from above)					
(a) Is any part of the property used for busi	ness or profession	al nurnoses?	Yes □ No □		
(b) Have you had any recent building / repair work carried out?			Yes □ No □		
(c) Does any other insurance policy cover the property you are claiming for:			Yes □ No □		
(d) Where the damage was malicious in nature, are you aware of the identity of the person who caused the damage?  Yes □ No □					
(e) Is the property permanently occupied?			Yes □ No □		
(f) Was this loss / damage caused by a member of your household / household staff?			Yes □ No □		
If you answered "yes" to any of the question	ns "a to f" above, p	olease provide detailed in	nformation below:		
Who lives in this property?  When was the property last occupied before					

# **Household Claim - Incident Report Form**



Description of Incident  Date of Occurrence: Date of Discovery: Type of loss / damage: (eg: storm, flood, burglary) How did the loss / damage occur? (please provide as much detail as possible)  In the event of fire, did the fire brigade attend? Yes No In the event of burglary, was the incident reported to An Garda Siochana? Yes No If "Yes", give details below;  Garda Name: Garda Station: In the event of burglary or malicious damage, please also have Part G completed by An Garda Siochana  Description of how the litem(s)? When did you last have the item(s)? Please give a description of how the loss occurred: Please complete section E below for each item. Please also have Part G completed by An Garda Siochana  E  LOST OR DAMAGED CONTENTS / PERSONAL EFFECTS  Please note: We will require written estimates for the repair or replacement of each item listed below. We will only accept estimates on the retailer / tradepserson's official paper. Please continue on a separate sheet if necessary.  Description of Item (Incl. make, model etc.)  Egy Samusung LED Television: AB123456 Havvey Norman C590.00 E500.00  1. 2. 3. 4. 5.	c >							
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### **Household Claim - Incident Report Form**



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	REPORTING TO AN GARDA SÍOCHANA						
	Who discovered the loss / damage? (please provide their contact details)						
	How was the property entered?						
	This is to certify that: (Person's name)						
	Of: (Person's address)  Reported to this station on the undernoted date the loss of or damage to the property described in Sections A to E above.						
	Date Reported:						
	<b>Γο your knowledge is any person likely to be charged?</b> Yes □ No □						
	Has any of the stolen property been recovered? Yes □ No □						
	If yes, please provide details:						
	The interest of Patrona Underwriting Limited has been noted						
	Garda Name: Station Stamp						
	Garda Signature:						
	Pulse ID:						
_							
;	<u>DECLARATION</u>						
	We declare that the foregoing statements are true and correct in every respect and I/we undertake to tender every assistance my/our power in dealing with the matter. I/We understand that the information given on this form may be submitted to						

### Please return to Patrona Underwriting Limited, The Bushels, Cornmarket, Wexford

Date:

solicitors appointed by Patrona Underwriting Limited, for use in connection with any claim, litigation or threat thereof arising

#### Important note:

out of this incident.

Signed: \*

- We require a written estimate for the repair to / replacement of the property for which you are claiming. This should be provided by a retailer / tradesperson on their official paper.
- Please retain all damaged goods for inspection and do not carry out any works (other than temporary emergency repairs) before we have a chance to inspect to property. If you do proceed with emergency or temporary repairs, please photograph the damage before you do so.
- If you do not retain all damaged goods for inspection or, if you carry out repairs before we have had a chance to inspect, your
  actions may prejudice our position which could result in your claim being refused.
- It may be necessary for us to appoint a Loss Adjuster / Claim Investigator to assist in the investigation and / or assessment of your claim.

If you have any queries or concerns about your claim please don't hesitate to contact our Claims Team on 05391 80333.