

Property Claims Form

To complete this form, fill in the designated highlighted fields. Please ensure you save the form to your computer. You can then either print it and return it to your broker by post/fax or email the electronic version. Alternatively send the form directly to: Travelers Insurance Designated Activity Company. Third Floor, Block 8, Harcourt Centre, Charlotte Way, Dublin 2, Ireland' Tel: 01 609 5600 Fax: 01 609 5640 Email: ieclaims@travelers.com

DATA PROTECTION: We share and exchange all claims information with the Insurance Link database, run by the Irish Insurance Federation. The aim is to help us check information and prevent fraudulent claims. When you tell us about an incident, we will pass information about it to the register. For further information - [click here](#) to email the Compliance Manager at Travelers Insurance.

Broker

Policy Number

The issue of this form is not an admission of liability on the part of the company

INSURED (Please answer every question fully; failure to do so will result in delay. Please write in block capitals.)

Title

First Name(s)

Surname

Address

Date of Birth

Telephone Number (Home)

Telephone Number (Work)

Mobile Number

Business Occupation (if more than one state all)

Are you registered for VAT?

Yes No

Are there any other insurances covering this incident?
If 'Yes', please give details

Yes No

Are you the sole owner of the property?
If 'No', give details

Yes No

CIRCUMSTANCES

Was the property? (choose as appropriate)

Date

Time

Place where loss, theft or damage occurred

When and by whom discovered?

Date and place property last seen

State fully the cause of the loss, theft or damage and give full details of how it occurred

If known, state name and address of person responsible for loss/damage

If fire, did the fire brigade attend?

Yes No

If theft or malicious damage, state Garda Station to which notice was given, with time and date

If alarm fitted, did it function?

Yes No

If 'No', state reason

If theft, how was entry gained to the premises?

Was the area covered by CCTV?

Yes No

If 'Yes', please put the video in a safe place

What steps have been taken to prevent recurrence ?

DETAILS OF CLAIM

Address where property is normally kept

Are you responsible for the property by agreement?
If 'Yes'. provide details?

Yes No

Were the premises unoccupied at the time of loss?
If 'Yes'. state when last occupied?

Yes No

State the nature of occupancy of premises

Have any changes been made in the insured premises since inception/renewal ?
If 'Yes'. give details

Yes No

Have you suffered any previous loss or damage arising from risks covered by this policy or similar policies in the last five years ?
If 'Yes'. give details

Yes No

State total value of property

Buildings

Fixtures and fitting

Contents

Stock

NOTES

- (i) Claims for building and property capable of being repaired must be supported by a contractor's estimate obtained at the insured's own expense. Emergency repairs to prevent further damage may be carried out immediately.
- (ii) Damaged property should not be disposed of until permission has been given by the Company or the claim has been settled.
- (iii) Breakage of glass - where replacement cannot be immediately arranged. boarding up should be carried out to prevent further damage.
- (iv) If the insurance is on a REINSTATEMENT basis. it is not necessary to make deductions for depreciation and wear and tear in Column 6 below.

