

Majestic Home Insurance Claim Form

NOTE: INFORMATION CONTAINED WITHIN THIS DOCUMENT WILL BE MADE AVAILABLE TO OTHER INSURERS AND ORGANISATIONS

Section 1 Your Details (Please complete in all circumstances)

Title	Surname	Full Name(s)
Date of Birth	Sex: Male/Female (Delete as appropriate)	
Occupation: Part-time	Full-time	
Postal address	Postcode	
Risk Address (if different)	Postcode	
Telephone: Home	Work	
Policy Number	Mortgage Account number/Roll number	
Date Cover Commenced	Date of Expiry	

What is the current total replacement value of the contents of your home?

What is the current rebuilding cost of your building?

How many bedrooms are in your home?

Is any trade, profession or business carried out in your home? Insert YES or NO

If 'YES' provide details

Have you or any member of your family or any person living with you made a claim under any insurance policy or suffered any loss or damage, in the last five years? Insert YES or NO

ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson, drugs? Insert YES or NO

If 'YES' provide details

Section 2 Incident Details (Please complete in all circumstances)

Date and time of incident / / am/pm

Where exactly did the incident occur?

State exactly how the incident occurred

Was your home unoccupied at the time of the incident? Insert YES or NO

If 'YES', for how long was your home unoccupied prior to the incident?

Was your home unfurnished at the time of the incident? Insert YES or NO

Was your home or any part of your home lent, let or sub-let at the time of the incident? Insert YES or NO

Are you the sole legal owner of the property being claimed for? (If 'No' give details) Insert YES or NO

If 'NO' provide details

Is the subject of the claims insured under any other policy? (If 'Yes' give details) Insert YES or NO

If 'YES' provide details

If this claim concerns damage to premises and/or interior decorations state whether you are the Owner, Tennant or Lessee.

Is there any other interest in the property, such as Bank, Building Society? Insert YES or NO
(If 'Yes' give details)

If 'YES' provide details

Is your property fully furnished for occupation solely as a private dwelling? Insert YES or NO
(If 'No' give details)

If 'NO' provide details

Section 3 Loss/Theft/Malicious Damage (Only complete if your property has been lost, stolen or maliciously damaged)Date and time incident reported to Police / / am/pmAddress of Police Station where the incident was reported Crime reference number (obtained from Police) If theft from a building, how was entry gained?
Were there any visible signs of forced entry to the building? Insert YES or NO If 'YES' provide details Is a burglar alarm fitted to your buildings? Insert YES or NO If 'YES', was it in operation at the time of the incident? Insert YES or NO **Section 4 Particulars of Claim** (Please complete in all circumstances)

It is necessary for you to prove the loss.

Please enclose documentation such as photographs and receipts to support the existence of the items.

Full description of property (including make, model and serial number)	Date and place of purchase	Original purchase price (£)	Original purchase receipt attached (delete as appropriate)	Is the item repairable? (delete as appropriate)	Estimated cost of repair/replacement (£)	Amount claimed (£)
			YES/NO	YES/NO		
			YES/NO	YES/NO		
			YES/NO	YES/NO		

Continue on a separate sheet if necessary

Have you instructed repairs? Insert YES or NO Do you require one of our specialists to contact you with regard to repair or replacement of the property? Insert YES or NO Are all the items detailed above owned by you, or members of your family living permanently with you? Insert YES or NO If 'NO', to whom does the property belong?
Do you hold any other insurance policies which may also cover this incident (eg, travel insurance)?
If 'YES', please give details as follows: Insert YES or NO Insurer
Policy Number **Data Protection**

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Limited (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

Section 5 Declaration (Please complete in all circumstances)

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from Aviva any information within my/our knowledge connected with this claim.

I/We accept that if I/we exaggerate any part of this claim or make any false declaration or statement, I/we shall not be entitled to receive any benefit under the policy in respect of this claim. Furthermore I/we accept that any such action on my/our part may render me/us liable to prosecution.

I/we agree to provide Aviva with any further information or documentation as may be reasonably required. I/We understand that Aviva does not admit liability by the issue of this form.

I/We understand that you may ask IDSL for information they have received from other insurers to check the answers I/we have provided.

Signature of Policyholder(s) Date / /