

PROPERTY CLAIM FORM

POLICY NO.

INSURED

Name

Company Reg. No./I.D. No.

Address

Tel No Fax

E-mail:

Is your company VAT Registered?

YES NO

INSURED PROPERTY

1. Address:

2. Use of property :.....

3. Are you the sole owner? YES NO

If 'NOT' give details

4. Have there been any amendments to the insured property after the commencement of the cover? YES NO

If 'YES' give details.....

5. Value of the property at the time of the damage: €

6. Have you sustained any damage to any property of yours in the past? YES NO

If 'YES' give details.....

7. Were at the time of the damage any other insurances on the property? YES NO

If 'YES' give details.....

8. Is the property mortgaged? YES NO

If 'YES' give details.....

DETAILS OF DAMAGE

1. Date and time of the damage:

2. Cause of the damage:

3. Describe in detail how the damage occurred:
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4. State the names of any eye-witnesses:.....

5. Was the Police or Fire brigade notified? YES NO

If 'YES' state, the name of the responsible person who investigated the incident:
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DESCRIPTION AND AMOUNT OF CLAIM *(attach receipts, invoices or/and other supporting documents)*

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SOLEMN DECLARATION

We solemnly declare that the above-mentioned information is true and accurate.

Date

Signature of insured
(Add Company seal in case of Legal Entity)

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(In case of Legal Entity *state the name and the position of the signee*)

IMPORTANT NOTICE:

Receipt of this form by the company does not constitute an admission of liability under the policy.

Data Protection – Privacy Notice

We collect and use personal information about you so that we can process your claim under your Policy. For more information on how we use your personal information and your rights, please refer to our Privacy Notice at www.genikesinsurance.com.cy If you do not have access to the internet, please contact us and we will send you a printed copy.