

GENERAL LOSS CLAIM FORM

Compendium cares about your privacy. To assist you with your claim, Compendium, our service providers and your insurer has to process the personal information you provide when completing this form. The information will be treated with caution and all reasonable security measures have been implemented to protect your personal information.

INSURED			
Name			
Address			
Telephone Number			
Cell Number			
Fax Number			
Email Address			
ID Number			
VAT Number (if applicable)			
LOSS/ DAMAGE			
Date and Time of loss/damage			
When was Loss/Damage Discovered			
Place where loss/damage occurred			
Were premises occupied	Yes		No
If premises occupied, by whom?			
If premises not occupied, when last occupied?			
Purpose of Occupation			
Describe fully how the loss or damage occurred stating how (if applicable) entry was gained to the premises			
If Loss/Damage caused by another party give name and address			
Have you previously suffered a Loss/Damage?	Yes		No
If you previously suffered Loss/Damage, please provide details and confirm the details of your insurer, if insured			
Police Reference Number		Police Station	
Date reported to police			
Does any other party have an interest in the insured property?	Yes		No
Please provide details of any third-party interest, if any			
VALUE			
Estimated total of all the property, insured under the policy		Date last valued	

