



# HOUSEHOLD CLAIM FORM

### PARTICULARS OF CLAIM

Please complete **fully** and return to **T L DALLAS & CO LTD, Dallas House, Low Moor, Bradford BD12 0HF** so that your Insurers can consider your claim.

Name of Insured..... Tel. No.....

Address:- Private.....Business.....

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Policy No. ....

1. (a) State whether the property was burnt, stolen, lost or damaged

(b) If stolen, do you suspect anyone, and if so whom?

(c) If stolen or lost, when was the property last seen by you, and where?

2. (a) Date and time of loss.

(b) Describe circumstances under which loss took place.

3. Are you the sole owner of the property? If not, give name of owner.

4. If the property was stolen or lost give the date Police were advised, and name of Station.  
(Police must be advised promptly)

5. Are there other insurances covering any of the property?

6. Value Added Tax: Are you registered as a Taxable person?  
If yes, state % remission of input tax obtainable.

7. Full description of articles lost, stolen or damaged	When and where purchased, and cost	Replacement cost	Deduction for depreciation	Amount claimed

8. To whom should cheque be made payable to?

9. *Enclose Estimates/Receipts wherever possible to avoid delays. Continue overleaf if necessary.*

I/We declare that the above information is true and complete to the best of my/our knowledge.

Insured's Signature..... Date.....

