



**DOMESTIC  
CLAIM FORM**  
TO BE USED FOR OTHER  
THAN BURGLARY OR THEFT

CLAIM / CUSTOMER REF.

OFFICE

THIS FORM MUST BE RETURNED DIRECTLY TO US IMMEDIATELY WITH ALL QUESTIONS ANSWERED.

# IMPORTANT

*Please read before completing this form.*

Many of the fraudulent claims we receive are made as  
Domestic claims.

This usually has the result of increasing premiums and raising excesses.  
Rather than penalising you – our honest and loyal clients whose support we  
value – we'd prefer to ask your help in filling out this form.

Particularly we would point out that where items within a claim are proven to be inflated,  
the total claim will be declined.

We will be carefully monitoring all claim information with the aim of  
paying genuine claims quickly, stopping expensive fraudulent claims and keeping your  
premiums down.

*Thank you for your co-operation.*

INSURED'S  
FULL NAME(S)  
Mr/Mrs/Miss/Ms

DATE(S) OF BIRTH

TELEPHONE

DAY

NIGHT

POSTAL ADDRESS

POST CODE

INTERESTED  
PARTY

(BANK, FINANCE  
COMPANY ETC.)

POSTAL ADDRESS

POST CODE

**WHAT HAPPENED?**  
**PLEASE COMPLETE QUESTIONS 1-10 IN EVERY CASE**

Please  appropriate box

1. Are you the Owner/Occupier?  YES  NO
- 
2. Date & Time of Loss or Damage ...../...../..... at ..... a.m./p.m.
- 
3. Date & Time of Discovery ...../...../..... at ..... a.m./p.m.
- 
4. Place where loss or damage occurred
- 
5. Fully describe what happened.....  
.....  
.....  
.....  
.....
- 
6. If the person who caused the loss or damage was not yourself or a member of your family, please state:  
Full Name & Address ..... Phone.....  
Witness' Name and Address ..... Phone.....
- 
7. Are you the sole owner of the lost or damaged property?  YES  NO  
If NO, give the name and address of the other party with an ownership interest  
Name.....  
Address ..... Phone.....
- 
8. Do you hold insurance with another company and/or are you making an additional claim through any source in respect of the property being claimed on?  YES  NO  
If YES, give full details.....
- 
9. Have you made any other claims in respect of lost, stolen or damaged property?  YES  NO  
If YES, name of Insurance Company..... Address.....  
Please give details (amounts and dates).....
- 
10. In the last five years have you  
- had any insurance cancelled or refused?  YES  NO  
- been charged with or convicted of any criminal offence (other than parking)?  YES  NO  
If YES, give full details.....  
.....

**POLICE DETAILS**  
**Please read this carefully**

- Did the Police attend the scene?  YES  NO  
If NO, have the Police been notified of the loss?  YES  NO  
If YES, which Police Station was the loss reported to? .....
- 
- On which date?.....
- 
- Have the Police recovered any property?  YES  NO
- N.B. Police Form to be attached in all cases of theft or loss.***
- Has the loss been advertised in any newspapers?  YES  NO  
If YES: Paper..... Date ...../...../.....  
Other action taken to recover property.....

**PROPERTY LOSS INVENTORY**

**IMPORTANT:** Please attach receipts, valuations, invoices or other documents to support ownership, value, purchase or repair.

Full description of Property (including Serial No. and/or identifying marks)	Year Obtained	Was the item new or second-hand when obtained? If second-hand state age when obtained.	From whom purchased or acquired? (Name and Address)	Original Purchase Price	Present Purchase Price or Repair cost if damaged	Depreciation	Amount Claimed	FOR OFFICE USE ONLY
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								

**WARNING:** *Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.*

**Continue on separate sheet if necessary.**

# DECLARATION

Please read this carefully before signing.

Where any declaration is answered NO then further details will need to be provided below in the box headed "Exceptions to this Declaration".

Please Tick

I/We declare that:

- All the statements in this claim form and any additional schedules are correct.
- The property is correctly described in this form and was lost, stolen or damaged under the circumstances described overleaf.
- I/We have told Tower Insurance everything relevant to this claim.

YES

NO

I/We understand that:

- Wilful or reckless exaggeration or inflation of the amount claimed will forfeit the claim and may result in prosecution.
- The personal information provided in this claim form is being collected by Tower Insurance to enable it to evaluate my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/we do provide incorrect information, Tower Insurance may be entitled to decline the claim whether or not it is later corrected.
- If any of the property in this claim for which I/we have received payment is subsequently recovered I/we will notify Tower Insurance immediately and return the property to Tower Insurance or will refund to Tower Insurance the value of the recovered items.

I/We authorise Tower Insurance to obtain personal information about me/us from any other party.

I/We authorise Tower Insurance to obtain if required a copy of the police report from the Police relating to this claim.

Exceptions to this Declaration:

.....

.....

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.....

.....

Insured's Signature.....

Witness Signature .....

Date ...../...../.....

Date ...../...../.....

Insured's Signature.....

Witness Signature .....

Date ...../...../.....

Date ...../...../.....