

## Household Claim Form

### PART A - POLICYHOLDER DETAILS

Policy Number: \_\_\_\_\_ Claim Ref: \_\_\_\_\_  
Name of Policyholder: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Policyholder Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Landline: \_\_\_\_\_  
Are you registered for VAT? Yes ☐ No ☐ If 'Yes' please state VAT reg. no. \_\_\_\_\_  
Have you previously made a property insurance claim in the last five years? *(If yes, give details below)*

Have you, or any member of your household ever been convicted of any offence? *(If yes, give details below)*

### PART B - PROPERTY / LOSS DETAILS

Date of occurrence: \_\_\_\_\_ Date of Discovery: \_\_\_\_\_  
Type of Loss / Damage: *(i.e.: storm, flood, burglary...)* \_\_\_\_\_  
Do you own this property yourself? Yes ☐ No ☐ *Please give details below of any interested party.*

Address of property where loss / damage occurred *(if different to Policyholder address)*

Please describe the cause of this loss / damage: \_\_\_\_\_

In the event of Fire, did the fire brigade attend? Yes ☐ No ☐ *If yes, which station:* \_\_\_\_\_

Was the property being lived in at the time? \_\_\_\_\_

When was the premises last occupied before the loss? \_\_\_\_\_

Who lives in this property? *(If different to the Policyholder)* \_\_\_\_\_

Was this loss/damage caused by a member of your household or household staff? *(If yes, please give full details)*

Is there any other insurance policy covering this property: Yes ☐ No ☐

*(If yes please give details of the Insurer & Policy Number)* \_\_\_\_\_

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### PART C – BURGLARY / VANDALISM DETAILS

How was the property entered? \_\_\_\_\_

Who discovered the loss? *(Please provide their contact details)* \_\_\_\_\_

Do you know who caused this loss / damage? *(If yes, please give full details)* \_\_\_\_\_

Did you report this loss / damage to the Gardai at the time you discovered it?

*If no, please do so immediately; If yes, please provide details below;*

Yes ☐ No ☐

Station Address: \_\_\_\_\_

Name of Garda you spoke to: \_\_\_\_\_

**Please also have Part F completed by the Gardai.**

### PART D – ALL RISKS *for more information about All Risks please see the All Risks section of your policy document*

Was the item: Lost ☐ Damaged ☐ or Stolen ☐

When did you last have the item? \_\_\_\_\_

Where did you last have the item? \_\_\_\_\_

Did you report this loss / damage to the Gardai at the time you discovered it?

Yes ☐ No ☐

*If no, please do so immediately; If yes, please provide details below;*

Station Address: \_\_\_\_\_

Name of Garda you spoke to: \_\_\_\_\_

**Please also have Part F completed by the Gardai.**

### PART E – CONTENTS *Complete this section if you are claiming for lost, damaged or stolen Contents or All Risk Items*

*Please note: We will require written estimates for the repair / replacement of each item listed below. We will only accept estimates on the retailer / tradesperson's official paper. Please continue on a separate sheet if necessary.*

Item 1: Description: \_\_\_\_\_ Item 2: Description: \_\_\_\_\_

Year of purchase: \_\_\_\_\_ Year of purchase: \_\_\_\_\_

Place of purchase: \_\_\_\_\_ Place of purchase: \_\_\_\_\_

Purchase price: \_\_\_\_\_ Purchase price: \_\_\_\_\_

Estimated replacement cost: \_\_\_\_\_ Estimated replacement cost: \_\_\_\_\_

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### PART F – CERTIFICATION FOR COMPLETION BY AN GARDA SIOCHANA.

Claims involving burglary, vandalism, theft or accidental loss **must be reported to the Gardaí** and the following section completed by a member of An Garda Siochana.

This is to certify that \_\_\_\_\_ *(person's name)*

Of: \_\_\_\_\_ *(person's address)*

Reported the theft or loss of / damage to: \_\_\_\_\_

To this Station on: \_\_\_\_\_ *(Date incident first reported)*

**We have made a note of the interest of Ornella Underwriting in our records and shall contact them if any property is recovered or if any prosecutions take place.**

Garda Signature & Badge No: \_\_\_\_\_

Station \_\_\_\_\_

Incident Pulse No: \_\_\_\_\_

Garda Station Stamp:

- Please advise us of the estimate immediately, as we may wish to appoint a Loss Adjuster to act on our behalf.
- Receipts or valuations of original property should be supplied in support of your claim.
- Estimates to replace lost/damaged property should be supplied.
- Repair estimates should contain a breakdown of required works and identify labour and material charges.
- If you need to supply additional information, please do so on a separate sheet & sign each page.

### PART G – DATA PROTECTION.

#### Data Protection

Your Personal Data will be used to enable us to fulfil our contractual obligations in relation to your insurance cover and the provision of any ancillary risk management services. We will process (collect, store and use) the information you provide in a manner compatible with the EU's General Data Protection Regulation (GDPR). We will endeavour to keep your information accurate and up to date, and not keep it for longer than is necessary.

We may pass your personal data on to third-party service providers contracted to Ornella in the course of dealing with you. Any third parties that we may share your data with are obliged to keep your details securely, and to use them only to fulfil the service they provide on your behalf. When they no longer need your data to fulfil this service, they will dispose of the details in line with Ornella procedures.

We recommend you read our Privacy Policy. It is available on our website [www.ornellaunderwriting.ie](http://www.ornellaunderwriting.ie). If you cannot access our website, please let us know. We will provide a copy by email or post.

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**PART H – DECLARATION** *This form will be returned to you if it is not signed below.*

### Declaration

I/ we declare that the foregoing statements are true and correct in every respect and I/we undertake to tender every assistance in my/our power in dealing with the matter.

**Date:**

\_\_\_\_\_

**Signature:**

\_\_\_\_\_

### Claims Return Checklist

Please ensure you have completed the following. Failure to correctly return this form could result in a delay in assessment of your claim.

- |  |  |
|--|--|
| <input type="checkbox"/> Completed all relevant sections & signed this form? | <input type="checkbox"/> Completed Part F in all cases of burglary; vandalism; theft or loss of items? |
| <input type="checkbox"/> Provided your contact details?                      | <input type="checkbox"/> Included repair / replacement estimates?                                      |
| <input type="checkbox"/> Photographed the damage as you found it?            | <input type="checkbox"/> Kept all damaged goods for inspection?  |

**Please return to Ornella Underwriting Ltd, The Bushels, Cornmarket, Wexford.**