Property Claims Form

To complete this form, fill in the designated highlighted fields. Please ensure you save the form to your computer. You can then either print it and return it to your broker by post/fax or email the electronic version. Alternatively send the form directly to: Travelers Insurance Designated Activity Company. Third Floor, Block 8, Harcourt Centre, Charlotte Way, Dublin 2, Ireland' Tel: 01 609 5600 Fax: 01 609 5640 Email: ieclaims@travelers.com

DATA PROTECTION: We share and exchange all claims information with the Insurance Link database, run by the Irish Insurance Federation. The aim is to help us check information and prevent fraudulent claims. When you tell us about an incident, we will pass information about it to the register. For further information - click here to email the Compliance Manager at Travelers Insurance.

Broker		Policy Number				
The issue of this form is not an admission	of liability on the part of the company					
INSURED (Please answer every	y question fully: failure to do so will re	esult in delay. Please write in block cap	itals.)			
Title	First Name(s)	Surname				
Address						
Date of Birth	Telephone Number (Home)	Telephone Number (Work)	Mobile Number			
Business Occupation (if more than one state all)						
Are you registered for VAT?				Yes	No	
Are there any other insurances covering this incident? If 'Yes', please give details					No	
Are you the sole owner of the property? If 'No'. give details				Yes	No	

CIRCUMSTANCES

Was the property? (choose as appropriate)					
Date	Time	Place where loss, theft or damage occured			
When and by whom discovered?		Date and place property last seen			
State fully the cause of the loss, the	eft or damage and give full details of	how it occurred			
If known, state name and address o	f person responsible for loss/damag	е			
If fire, did the fire brigade attend? If theft or malicious damage, state (Gárda Station to which notice was gi	ven, with time and date	Yes	No	
If alarm fitted, did it function? If 'No'. state reason			Yes	No	
If theft, how was entry gained to th	e premises?				
Was the area covered by CCTV? If 'Yes'. please put the video in a safe What steps have been taken to prev			Yes	No	

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Address where property is normall	ly kept				
Are you responsible for the proper If 'Yes'. provide details?	ty by agreement?			Yes	No
Were the premises unoccupied at If 'Yes'. state when last occupied?	the time of loss?			Yes	No
State the nature of occupancy of p	remises				
Have any changes been made in th If 'Yes'. give details	e insured premises since inception/re	enewal ?		Yes	No
Have you suffered any previous los If 'Yes'. give details	s or damage arising from risks cover	ed by this policy or similar policies ir	n the last five years ?	Yes	No
State total value of property Buildings	Fixtures and fitting	Contents	Stock		

NOTES

- (i) Claims for building and property capable of being repaired must be supported by a contractor's estimate obtained at the insured's own expense. Emergency repairs to prevent further damage may be carried out immediately.
- (ii) Damaged property should not be disposed of until permission has been given by the Company or the claim has been settled.
- (iii) Breakage of glass where replacement cannot be immediately arranged. boarding up should be carried out to prevent further damage.
- (iv) If the insurance is on a REINSTATEMENT basis. it is not necessary to make deductions for depreciation and wear and tear in Column 6 below.

SCHEDULE OR PROPERTY LOST, STOLEN OR DAMAGED

Description of property lost, stolen or damaged	Date of purchase or manufacture	Original cost price (less profit and vat)	Value of salvage	VAT if claimed	Net claim ie: repair/ replacement less salvage profit & VAT
				Total	

DECLARATION

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief.

Signature of the Proposer

I am an authorised signatory and by submitting this proposal in electronic form, acknowledge such as if having signed it

Date Status of Signatory

Please return your completed claims form to your broker or to:

Third Floor, Block 8, Harcourt Centre, Charlotte Way, Dublin 2, Ireland' Tel: +353 (0) 1 609 5600 Fax: +353 (0) 1 609 5640 Email: ieclaims@travelers.com

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Travelers operates through several underwriting entities through the UK and across Europe. Please consult your policy documentation or visit the websites below for full information.