

# HOUSEHOLD INSURANCE CLAIM FORM

Once completed, please return this form to: Capurro Insurance & Investments Ltd,  
20 Line Wall Road, Gibraltar  
Tel. +350 200 40850 Fax +350 200 40851  
Email: [info@capurroinsurance.com](mailto:info@capurroinsurance.com)

**1**

FULL NAME

CERTIFICATE OR CLIENT NO. (IF KNOWN)

FULL POSTAL ADDRESS

  
  

DAYTIME TELEPHONE NUMBER

POSTCODE

PLACE OF LOSS/DAMAGE

DATE OF LOSS/DAMAGE

GIVE DETAILS OF HOW CLAIM OCCURRED

  
  

**2**

COMPLETE THIS SECTION IF THE LOSS WAS OCCASIONED BY BURGLARY, HOUSEBREAKING, THEFT OR DISAPPEARANCE

*PLEASE NOTE: It is a condition of this insurance to report losses of this type to the Police*

Police Station

Date

Police Crime Number

If burglary or housebreaking, how was access gained?

If articles were lost, when and where was the loss reported?

Other efforts to recover articles

**3**

Have you previously made any claim under a Household Policy ?	YES	NO
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If YES, please give brief details below:


Were the premises Occupied at the time of loss?	YES	NO
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Have you any reason to suspect that the loss arose through the actions of any particular person: If yes, then please give full details on a separate sheet of paper	YES	NO
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Please give below full description of lost or damaged items:

Items	Name and Address of Owner if not you	When purchased or acquired and where	Cost price when purchased	Amount claimed (allowing for age, wear and tear etc. where applicable)

*\* NOTE: Your contents are covered on a new for old basis*

Has any other person an interest in the property claimed for?	YES	NO
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If YES, please give details below:

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**4**

**IMPORTANT**  
 In the cases of water damage claims and claims for Buildings or Contents, please forward estimates (if applicable) for cost of repairs as soon as possible.  
 Please note that in certain circumstances Underwriters may wish to appoint Loss Adjusters.  
 If you make a claim which is in any way fraudulent, unfounded or exaggerated, or make any false declaration, all benefit under this insurance will be forfeited.

I hereby declare that to the best of my knowledge the details given by me on this form are true and accurate

Signature of Claimant		Date	
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