



eurosure
INSURANCE COMPANY LTD

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CLAIM FORM – PROPERTY POLICIES

Name/Surname of Insured:

Insured's Address:

Tel.:

Postal Code:

Town/Village:

Address of Insured Property:

Postal Code:

Town/Village:

Policy No.:

Date of loss/damage:

Time of loss/damage:

Cause of loss/damage:

Use of the Property at the time of the loss/damage:

General description of the Property lost/damaged and the conditions of the incident:

Have you notified the Police or Fire Service?

YES ☐

NO ☐

If YES, state the Station:

Was the Property occupied at the time of the incident?

YES ☐

NO ☐

If NOT, state the period of unoccupancy:

Are you the sole owner of the Property which has suffered loss?

YES ☐

NO ☐

If NOT, provide details:

Is the Property leased or subleased?

YES, Leased ☐

YES, Subleased ☐

NO ☐

If YES, by whom?

Are there any other insurance policies in force covering the Property?

YES ☐

NO ☐

If YES, state the Insurance Company and Policy No.:

Have you previously suffered loss/damage from a similar cause at the said

Property or elsewhere?

YES ☐

NO ☐

If YES, provide details:

Details of the Property lost/damaged					
Number of items lost/damaged	Description of Property lost/damaged	Date of purchase	Purchase Price €	Value just before loss/damage €	Amount of Claim €

TOTAL AMOUNT OF CLAIM	€
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PROTECTION OF PERSONAL DATA

In accordance with the provisions of the General Data Protection Regulation (GDPR) (EU) 2016/679 and any other relevant legislation, EUROSURE INSURANCE COMPANY LTD is the Data Controller in charge of the processing of such Personal and/or Sensitive Data. Consequently, the Company may collect and process personal data for the sole purpose of providing insurance services under the insurance agreement. The Company may transfer/process the personal data to a third party to the extent that this is required as a contractual necessity, due to legal obligations and legitimate interest.

The data will be recorded in an electronic or any other form, in one or more personal data files within the meaning of the Law, which will be held by the Company or by another affiliated company or person.

More information regarding the protection of personal data can be found in the Company's privacy notice at www.eurosure.com.

DECLARATION

I/We hereby declare that the particulars stated in this form are to the best of my/our knowledge and belief true. I/We authorize the Company and its Lawyers to undertake and perform on my/our behalf all claims and legal proceedings arising from the said incident and to make any admission they deem necessary and to adjudicate and settle such claims without further reference to me/us. I/We undertake to provide any information or assistance that may be requested by the Company and permit the use of my/our name.

**Signature of Insured/
Company Seal**

Date