



Please Complete, Sign and return to your O'Leary contact as soon as possible

HOUSEHOLD INSURANCE

Insurer: _____ Policy No. _____

We will give your claims the greatest possible care, however to help us help you, please –

- Write clearly in block capitals and use ink.
- Make sure that the information you give us is as clear and complete as possible

1. PERSONAL DETAILS

Name: _____ Occupation: _____

Address: _____

Contact Telephone No. _____

Previous address: _____

(If you have lived at the above address for less than 3 years)

Email: _____

If the property for which you are claiming is also insured under any other policy, give details.

Company name: _____

Policy No. _____

If any other party, i.e. Mortgage provider has an interest in the property, give details

Name: _____

Address: _____

3. DETAILS OF CLAIM

How did loss/damage happen ?

(Please add any additional information that is relevant to the claim, continue on a separate sheet if necessary.)

Date of Loss/Damage: ___/___/___ Time: _____ am pm

Where did loss/damage happen ?

Please advise us of the identity of the person that caused the damage:

Name: _____

Address: _____

Phone No.: _____

Who was residing at the property at the time of loss/damage: _____

If the property was unoccupied how long had it been so ? _____

Does the property have an alarm system ? No Yes

If yes, was the system armed at the time of loss ? No Yes



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Is the property your main residence ?

No Yes If no, please specify

Have you suffered any other losses in the last 5 years under this or any other household policy ? If yes, please give details:

If there is any additional information that relates to the claim, please give details here.

In relation to claims involving theft, loss, vehicle impact or malicious damage the Gardai must be notified and complete the following:

When and at what Garda station was report made ?

Garda reference _____

Garda Station: _____

Date: ___/___/___

Time: _____ am pm

In our records we have made a note of O'Leary Insurance group's interest in this property.

Garda's signature: _____

Please stamp this form.

Details of property lost/stolen/damaged

Description of items/repairs for which you are claiming	Age of Items	Purchase Price / If known €	Amount Claimed €
Total Amount Claimed: €			

DECLARATION

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Date: ___/___/___

Your signature: _____