



Policy No. 117556

Please quote on all correspondence

Group of Companies  
(Spain)

**CITY & COUNTY OF SWANSEA  
HOUSEHOLD BUILDINGS CLAIM FORM**

Please return the  
completed form to:

Claims Connexion, UK Limited,  
4a Westgate Business Centre, Cowbridge,  
Vale of Glamorgan CF71 7AR

**Tel. No.** (01446) 771722

**Fax No.** (01446) 775793

**SECTION 1: You the Policyholder**

**Name:** .....

**Address:** .....

.....

**Tel. No:** .....

**SECTION 2: Please complete for all claims**

<b>Date of Loss/Discovery:</b>		<b>Type of loss, e.g. fire, theft, storm, etc.</b>	
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<b>Location of Loss:</b>	
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<b>How did loss or damage occur:</b>	
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<b>Details of Damage:</b>	
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<b>Name and Address of person responsible, if not a member of your household, e.g. Tradesman:</b>	
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**If damage caused by theft or maliciously:**

**Were Police notified?** Yes  No

**Date of Notification:**  **Crime Ref. No:**

**Address of Police Station concerned:**

**SECTION 3: Please complete for all claims**

**Estimate for Cost of Repair:** £

If you have obtained estimates or accounts, please send with the completed form.

**UNDER NO CIRCUMSTANCES SHOULD REPAIRS BE CARRIED OUT WITHOUT THE PRIOR CONSENT OF THE COMPANY.**

*Please do not delay sending your form to us because you are waiting for an estimate.*

**SECTION 4: Complete for all claims**

If the property for which you are claiming is insured under any other Policy, please give details below.

**Name and address of Insurance Company:**

**Policy No.**

**SECTION 5: Declaration**

I/We declare that the statements made are true to the best of my/our knowledge and belief and I/We claim the amount in respect of the items mentioned.

**Date:**

**Signature of Insured(s):**

**SECTION 6: For completion by your Council or Broker**

**Council Name:**

**Name of Insured:**

**Address of Insured Premises:**

**Building Sum Insured:**

**Inception Date of Policy:**  **Accidental Damage?** Yes  No

**Are the insured premises mortgaged?** Yes  No

**IMPORTANT: FAILURE TO COMPLETE ANY SECTIONS OF THIS FORM MAY RESULT IN DELAY**

***ADDITIONAL INFORMATION:***