



Eloham Risk Solution The Home Secure Claim Form

INSURED

Name

Policy No

Address

Tel. No

E-mail

Fax No

DETAILS OF INCIDENT

Date of Occurrence

Time of Occurrence

Address of the Property lost/damage

Give brief details of the incident (How it occurred, the cause and efforts made to control the peril)

(Please attach a separate sheet if space is not adequate)

AMOUNT OF LOSS(ES)

Amount of loss/damage to the **Building**

Amount of loss/damage to **Contents**

(Please complete the "List of Items" overleaf)

Death or Injury to Persons/Medical expenses incurred

(Give identity and addresses of persons involve. Continue on a separate sheet if space is not adequate)

Cost of Alternative Accommodation incurred

(State the Address of Alternative Accommodation used and the duration)

Amount of Third Party liabilities and how it occurred

