

Type of Policy

The shaded boxes are for Company use only

Fire Glass Household Blocks of flats Industry Hotels
 Theft Chemist Shops Manufacturing and Repair shops Offices

Policy No.	Núm. Siniestro	Ramo	Date of claim	Cód. Suc. Trámite	Agenc. Gestora	Ultimo Recibo
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Venc Cobro
Insured	Full Address and Postcode				Telephone No.	
<input type="text"/>	<input type="text"/>				<input type="text"/>	
Risk Address	Franquicia				Objetos de Valor (euros)	
<input type="text"/>	<input type="text"/>				<input type="text"/>	
Cobertura Afectada					Daños localizados	
Código					en:	
Franquicia					Continente <input type="checkbox"/>	
Valoración	1	2	3	4	Contenido <input type="checkbox"/>	

Causes and Circumstances of the Claim

If you do not live in the Insured Property, please indicate the name, telephone number and convenient contact times for someone who can allow the loss assessor access _____

Details of the Injured Party and Damage Caused

Name _____

Address _____

Town _____

Province _____ Tel. _____

Are the damaged goods insured? Yes No

Insurance Company _____ Policy No. _____

Please give details of the damage and the approximate value _____

Details of the Originating Party

Name _____

Address _____

Town _____

Province _____ Tel. _____

Is there insurance covering the property involved? Yes No

Insurance Company _____

Policy No. _____

Complete in the case of Injury and/or Fire

Did the cause of the claim originate somewhere other than at the Insured premises? Yes No

Can a recovery be sought from the other party? Yes No

Is there damage to Third Party Property? Yes No

Was anyone injured? Yes No

Name, address and tel. _____

Is there a mortgage covering the damaged property? Yes No

Mortgage Company _____

Are there any other policies covering the damaged property? Yes No

Insurance Company _____ Policy No. _____

Breakage of glass only

No. of items _____

Type (Windows, mirrors, etc) _____

Position: windows, doors, etc. _____

Measurements _____

Cuadro Coaseguro, R. Facultativo

Participación %

Complete in the case of Theft

To which authorities was this reported to? _____

Which court was involved? _____ Court ref. _____

Did you declare the stolen goods to be insured? Yes No

List of stolen goods _____ Approximate value _____

Description and site of the damage caused by the thieves? _____

Have you suffered a previous theft? Yes No

Date _____ Amount of the claim _____

Insurance Company _____ Policy No. _____

The Insurance Policyholder

The Intermediary

Place and Date _____