

## CLAIM - HOME CONTENT

	Policy holder's name	SSN	Bank account
	Address	Telephone/Mobile	E-mail
	Damage tolerant/Owner of items (if other than policy holder)	Telephone/Mobile	SSN
1	When did the incident happen, date and time. Please estimate if not known)		
2	Are you the owner of the damaged/stolen items <input type="checkbox"/> YES <input type="checkbox"/> NO If NO please write owners name.		
3	Is the owner of the damaged/stolen items subject to VAT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
4	Where did the incident happen? <input type="checkbox"/> At home <input type="checkbox"/> Away from home If Away from home please specify where		
5	Is the content insured with another insurance company? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES specify the company.		
6	Describe how the incident happened and what was the damage. Please be specific.		
7	In case of burglary:		
8	Was the police informed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
9	Was the apartment/building locked? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES please describe how the house was entered:		
	Were the windows shut at the time of the burglary? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Was anyone living in the property at the time of the burglary? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO when was the house last inhabited?		
	Is there any damage to the property? <input type="checkbox"/> YES <input type="checkbox"/> NEI If YES, is the property insured with another insurance company?		

List of damaged or stolen items and information for estimating the damage. Specify type and product number.

1	Date of purchase and price			Current price
	Year	Month	Price	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Total**

I hereby declare that I have answered all questions to the best of my knowledge and have not withheld any information with the intension of misleading the insurer when deciding if the claim is legitimate. I authorise Sjóvá to obtain further information as needed to estimate my legitimate damage and compensation. If needed, I authorise Sjóvá to give other insurance companies access to the information it gathers regarding this claim.

Date

Signature of policy holder

Receipts and invoices for the damaged content makes the process more efficient.