

Housing Claim Form

(HOUSE 05 2018)



Important Note: Please make sure that the information you give is as clear and complete as possible. Please complete in BLOCK CAPITALS or on-line save and print. Damaged property should be protected from deterioration and retained for inspection if required.

Claim No:

1. Policyholder Details

Policyholder Name:

Address:

Contact Telephone No:

Place and address where loss/damage occurred:

GPS Co-ordinates: Latitude Longitude (decimal degrees)

Item No. under Policy:

Date and time of loss/damage:

2. Damage Details

When was loss notified to policyholder: Date: Time:

Suspected Cause: Yes No **Additional Details**

- A. Chimney Fire
- B. Electrical
- C. Cigarettes/Matches
- D. Children/Accidental
- E. Open Fire
- F. Malicious
- G. Storm
- H. Escape of Water
- I. Other (state probable cause)

Property Details:

- A. Number of bedrooms
- B. Detached Semi Detached Terrace End of Terrace
- C. Number of Storeys
- D. Occupied Yes No If unoccupied, please state the date of last occupation:
- E. Is this rented accommodation? If not please advise the scheme under which the house is being purchased.

Is the damaged property insured in any other policy by the policyholder or by any other person? If so, give details:

Are you the sole owners of the property? Yes No

3. Damage Details

Please explain the damage in detail:

Elemental Breakdown

Please state the area, %, or quantity of damage under the following sub-headings:

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|--------------------------|---------------------------|
| 1. Decoration | 11. Fireplaces |
| 2. Ceilings/Stippling | 12. Heating Back Boiler |
| 3. Wall Plaster | 13. Floor Joists/Boarding |
| 4. Windows | 14. Partitions |
| 5. Doors | 15. Roof |
| 6. Glazing | 16. Plumbing |
| 7. Kitchen Fittings | 17. Electrical |
| 8. Bathroom Fittings | 18. External Decoration |
| 9. Floor Covering/Tiling | 19. Gutters/Downpipes |
| 10. Skirtings | |

Statement of Claim

Reinstatement value of property at time of loss	Value of salvage	Estimated cost of repairs	If repairs have been completed state actual cost of repairs
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4. Data Protection Notice.

IPB Insurance (IPB) is committed to protecting your personal information. IPB Insurance is a data controller and is required to comply with the Data Protection Acts 1988 - 2018 and the General Data Protection Regulation. The information that you provide ('data') will be used for the administration of your policy and/or any claims made on the policy. Data is at all times treated as confidential and the appropriate measures are taken to ensure it is secure. A copy of our Data Protection Notice can be found on our website www.ipb.ie. The notice explains why we collect and use your data, who we share your data with, your data protection rights, how long we retain your data for, where your data is located and what to do if you have any data protection complaints. If you would like to receive a copy of the Data Protection Notice you can email dpo@ipb.ie or write to IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820.

5. 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 knowledge and belief.

Signature

Date

Please return completed form to:

The Claims Department

IPB Insurance

1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820, Ireland.

Tel: +353 1 639 5500 Fax: +353 1 639 5540 Email: property.claims@ipb.ie Web: www.ipb.ie

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QUALITY
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