

KINA PROTECT HOME INSURANCE CLAIM FORM

SECTION 1 CLIENT DETAILS

Insured Name:

Residential Address:

Postal Address:

Phone:

Email:

The issue of this form, by Alpha Insurance Limited (Alpha), is not an admission of liability. Please complete the form and return it to Alpha within seven days of receiving it. This is a legal document and you must ensure that all information supplied is true and correct in every detail, to the best of your ability. Please refer to your, Duty of Disclosure.

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE

Policy No:

Please explain the event or loss in detail:

Date:

Location:

Time:

Give the date the police were advised and the location of the station

Date:

Location:

Have you previously sustained any theft, loss or damage to property? Yes No

If you have, was a claim made upon any Insurer? Yes No

Please confirm name of Insurer, the nature of any loss(es), the date of the loss, and the amount claimed:

FOR THIS CLAIM, PLEASE ADVISE THE ITEMS YOU ARE CLAIMING AS LOST OR DAMAGED. PLEASE ALSO ATTACH RECEIPTS / INVOICES FOR THE ARTICLES LISTED

Description of Article	Cost Price	Amount Claimed	Remarks

CUSTOMER DECLARATION

I hereby warrant that the above information is true and correct in every detail.

Declaration made by:

Name:

Signature:

Title:

Date: