



H Savy Insurance Co Ltd

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Fire, Burglary & Other Perils

Claim form

By lodging your claim with H Savy Insurance Limited, you hereby declare that the statements, facts and information herein contained are true and correct to your knowledge and or belief. That the statements, facts and information herein provided by you are complete and accurate. Failure to faithfully make full disclosure of the facts and information you know or ought to know may render you claim null and policy void.

Please use BLOCK CAPITALS and tick where appropriate

Insured

Title (Mr, Mrs, Miss, etc):	Surname:	Maiden Name:
Name:		
Address:	Email Address:	
Occupation:	Telephone No:	
Policy No:	Date of expiry:	

Details of property lost or damaged (continue on additional page if necessary)

Address of premises where loss or damage occurred:	
Date of Loss or Damage:	Time of Loss or Damage:
Please give brief details (i.e. Fire, Burglary, Storm, Flood, etc) and what happened: (use sepearte sheet if necessary)	
(a) Was the Police notified?	Is so, by whom?
(b) When did the loss/damage reported?	
(c) To which Police Station?	
If a fire, did the Fire Brigade attend?	
How long after discovery of the fire did the Fire Brigade take to arrive?	
Are you the owner of all the propert lost or damage? If not, please state owner(s):	
If loss not by fire, what protection to prevent loss or damage have been installed?	

What additional protections have been implemented to prevent further loss or damage?

Description of Property	Original Price	Date Purchased	Amount Claimed

Declaration

I/We hereby claim for loss or damage as indicated hereon and declare the information given is true to the best of my/our knowledge and belief.

Date:

Signature of Insured:

For submission of claim documents electronically or direct contact with the Claims Department please use email, claims@hsi.sc