



**SPANISH INSURANCE SOLUTIONS S.L.**  
**Agencia de Suscripción de ciertos Sindicatos de Lloyd's**  
Calle Severo Ochoa 4, 5/6, Javea, 03730, ALICANTE, Spain  
Tel: (00)(34) 96 646 2307 -11 / Fax: (00)(34) 96 646 2458  
[www.sisinspain.com](http://www.sisinspain.com) CIF: B-53595385

**CLAIM FORM**

**PLEASE ENSURE ALL SECTIONS ARE COMPLETED IN BLOCK CAPITALS, USING BLACK INK**

Our Ref:

Broker:

Policy/Certificate number:

Period of cover:

Date claim first notified:

**POLICYHOLDER DETAILS**

Name:

Date of Birth:

Occupation:

Correspondence Address:

Contact telephone numbers:

Home :

Office :

Mobile:

Email :

Are you registered for VAT? - Fully Registered Partially Registered Not Registered

Have you or anyone permanently residing with you been convicted of any offence (other than a driving offence), have any prosecutions pending or Police enquiries outstanding? YES/NO  
If yes, please provide full details.

**PROPERTY DETAILS**

Loss address:

Type of building: House - Detached Semi-Detached Terraced Bungalow Park Home

Flat - Converted Purpose Built

Commercial - Industrial Unit Office Retail

Approximate Age of Building: \_\_\_\_\_



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#### **OCCUPATION OF PROPERTY**

Is the property currently occupied?	YES	NO
If no, when was the property last occupied?		
Is the property currently fully furnished?	YES	NO
If no, when was the property last fully furnished?		
Are you the sole owner of the property?	YES	NO
If No, please provide full details of other interested party(ies)		

#### **LOSS DETAILS**

Type of loss:

Date of loss:

Time of loss:

Please can you describe how the loss occurred?

#### **DAMAGE**

Please provide brief details of any building damage where applicable:





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**THEFT (If applicable)**

Were the premises securely locked at the time?                      YES              NO

Was an alarm in operation at the time?                                      YES              NO

By what means was access gained to the property?

Were any doors or locks forced?    YES              NO  
If yes, please provide details;

**POLICE DETAILS (If applicable)**

When was the loss reported to the Police?    Date:                      Time:

Address of police station:

Crime reference number:

Investigating officer if known:

**THIRD PARTY**

Contact details for any third party responsible for loss/damage:

Name:  
Address:

Witness:  
Contact Details:



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#### **PREVIOUS CLAIMS**

Have you made any other claims under any insurance policy in the last 5 years?

YES            NO

If yes please provide details:

#### **OTHER INSURANCES**

Is there any other cover in force?

YES

NO

Other insurers name:

Policy No:

Other insurers address:

#### **HISTORY**

Have you had any insurance declined, cancelled, refused, renewal refused or had any special terms applied by any insurer for the risk proposed?            YES            NO

Have you suffered any loss or incurred any liability, whether insured or not, at these premises or elsewhere during the last three years in connection with any of the insurance for which cover is required?

YES            NO

Have you been declared bankrupt or been a director of any company that went into liquidation?

YES            NO

Have you any Court judgments entered against you?

YES            NO

**Declaration**



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I/We hereby claim for loss by destruction or damage or injury and declare that all information on this statement of claim, whether amended or not is true to the best of my/our knowledge and belief.

I authorise Spanish Insurance Solutions S.L. to make enquires and obtain any information they consider relevant from any appropriate sources for the management of this claim.

I have not withheld any information connected with this incident and understand that any misstatement or withholding of information will render my claim void.

**I also understand that the issuing of this statement is not an admittance of liability.**

Policyholder signature: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please provide details of your preferred bank for any payment arising from this claim:

<b>BANK</b>	
<b>BRANCH ADDRESS</b>	
<b>ACCOUNT NAME</b>	
<b>SWIFT/ BIC CODE</b>	( 8-12 characters long: bank-country-code)
<b>FULL IBAN NUMBER</b>	

**Please send completed and signed form to:**

**Spanish Insurance Solutions S.L., C/Severo Ochoa 4, 5-6, 03730 Javea, ALICANTE, España**