

# Corporate Property Insurance Claim Application

(please fill-in with capital letters)



<b>Policyholder</b>	Company name	Commercial registry code	
	Postal address (street, house, city, rural municipality, county, postal code)		
<b>Contact person</b>	First name and surname	Contact telephone number	E-mail
	Postal address (street, house, city, rural municipality, county, postal code)		
<b>Owner of the insured object</b> To be filled in if the policyholder is not the owner of the property	First name and surname / Company name		Personal code / Registry code
	Address (street, house, city, rural municipality, county, postal code)		
<b>Insurance contract</b>	Policy No.	Valid from	Valid until
<b>Mortgage holder</b>	Is the damaged insured object encumbered with a mortgage? <input type="checkbox"/> no <input type="checkbox"/> yes		
	Company name	Commercial registry code	
<b>Information about the incident</b>	Date and time	Place of incident	
	Description of the insured event and its causes		
	(use an additional sheet if necessary)		
	<b>Informing the police</b>	Have the police been informed about the incident? <input type="checkbox"/> no <input type="checkbox"/> yes, please specify (authority and the person handling the case)	
Did the police arrive at the scene? <input type="checkbox"/> yes <input type="checkbox"/> no		Have the police opened a case? <input type="checkbox"/> yes <input type="checkbox"/> no	
<b>Other insurers</b>	Is the damaged property insured with any other insurance company? <input type="checkbox"/> no <input type="checkbox"/> yes, please submit, along with the application, a copy of the insurance policy from another undertaking		
<b>Witnesses</b>	Were there any witnesses to the incident? <input type="checkbox"/> no <input type="checkbox"/> yes, please specify (name, contact details)  (use an additional sheet if necessary)		

<b>Damaged or stolen property</b>	Description of property	Year of acquisition	Price of item bought new	Value before incident	Amount of damage
Additional sheets have been used for describing damaged property	Do the amounts include VAT?		Total amount of damage		
	<input type="checkbox"/> no <input type="checkbox"/> yes				
<input type="checkbox"/> no <input type="checkbox"/> yes	Damaged property is located at the address (street, house, city, rural municipality, county, postal code)				

<b>Beneficiary</b>	Company name	Commercial registry code
	Bank Account No.	Bank

<b>I enclose with the claim application</b>	<input type="checkbox"/> (digital) photos of the damaged object <input type="checkbox"/> statement of the causes of the incident <input type="checkbox"/> bills or estimates for repairs <input type="checkbox"/> copies of purchase invoices (if movable property is damaged) <input type="checkbox"/> copy of an inventory act (if goods are damaged) <input type="checkbox"/> copy of a report about a visit from the security firm <input type="checkbox"/> copy of the statement to the police (in the case of an offence) <input type="checkbox"/> copy of the notice from the police about a (criminal) case initiation <input type="checkbox"/> power of attorney to the person submitting the property insurance claim application <input type="checkbox"/> copy of an identity document of the person submitting the claim application <input type="checkbox"/> other documents, specify
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<b>Notes</b>	
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<b>Signature of policyholder or policyholder's representative</b>	I confirm that the information given above is correct. I hereby give Seesam my consent for obtaining information related to the above insurance case from those who have information relevant to the handling of this claim.		
	First name and surname	Date	Signature

<b>Insurer</b>	Seesam Insurance AS, Tammsaare tee 118d, 12918 Tallinn Phone: (+372) 628 1700, e-mail: kahjud@seesam.ee, www.seesam.ee
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<b>Receipt of the application by Seesam</b>	Name of Seesam representative who received the application	Date	Signature
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