

Home Insurance Claim Application

(please fill-in with capital letters)



| | | |
|---------------------|---|------------------------------|
| Policyholder | First name and surname | Personal identification code |
| | Postal address (street, house, city, rural municipality, county, postal code) | |
| | Contact telephone number(s) | E-mail |
| | Policyholder's place of work | Position |

| | | |
|--|--|---|
| Owner of the insured object To be filled in if the policyholder is not the owner of the property | First name and surname / Company name | Personal identification code / Commercial registry code |
| | Address (street, house, city, rural municipality, county, postal code) | |

| | | | |
|---------------------------|------------|------------|-------------|
| Insurance contract | Policy No. | Valid from | Valid until |
|---------------------------|------------|------------|-------------|

| | |
|------------------------|--|
| Mortgage holder | Is the damaged insured object encumbered with a mortgage? <input type="checkbox"/> no <input type="checkbox"/> yes |
| | Company name |

| | | |
|--|---|-------------------|
| Information about the incident | Date and time | Place of incident |
| | Description of the insured event and its causes | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| (use an additional sheet if necessary) | | |

| | | |
|-----------------------------|---|---|
| Informing the police | 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 | Has a written statement been submitted to the police? <input type="checkbox"/> yes <input type="checkbox"/> no |

| | |
|-----------------------|---|
| Other insurers | 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 |
|-----------------------|---|

| | | | | | |
|---|---|---------------------|--------------------------|---|------------------|
| Witnesses | 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) | | | | |
| Damaged or stolen property | Description of property | Year of acquisition | Price of item bought new | Value before incident | Amount of damage |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | Total amount of damage | | | | |
| | Damaged property is located at the address (street, house, city, rural municipality, county, postal code) | | | | |
| Additional sheets have been used for describing damaged property | | | | | |
| <input type="checkbox"/> no <input type="checkbox"/> yes | | | | | |
| Beneficiary | First name and surname / Company name | | | Personal identification code / Commercial registry code | |
| | Bank Account No. | | | Bank | |
| I enclose with the claim application: | <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"/> statement to the police (in the case of an offence) <input type="checkbox"/> copy of an identity document <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | |
| Notes | | | | | |
| Signature of policyholder or policyholder's representative | 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 handling of this claim. | | | | |
| | First name and surname | | Date | Signature | |
| Insurer | Seesam Insurance AS, A.H. Tammsaare tee 118D, 12918 Tallinn Phone (+372) 628 1700, Fax (+372) 628 1771, email kahjud@seesam.ee, www.seesam.ee | | | | |
| Receipt of the application by Seesam | Name of Seesam representative who received the application | | Date | Signature | |