

Claim Form



Important note: Please make sure that the information you give is as clear and complete as possible. Please complete in BLOCK CAPITALS. Damaged property should be protected from deterioration and retained for inspection if required.

Claim No:

1. Policyholder Details

Name: Business:
Address:
 Telephone No:
Policy No: Is the policyholder registered for VAT? Yes No
Name of Agent/Broker, if applicable:

2. Computer Equipment Details

Description of property subject of claim:
Name of Manufacturer and Number:
Model Number:
Date of manufacture: / / Date installed: / /
Original cost (a) supplied: (b) installed:
Give details of any other party having an interest in the property:

Are you the sole owner of the property? Yes No
If No, give name and address of owner:
Are there any other insurances on the property? Yes No
If Yes, give details:

3. Accident/Damage Details

Date and time of accident/damage:
Place and address where accident/damage occurred:

Were these premises occupied at the time? Yes No
What security measures were in force (Alarm/CCTV/Security Guards):
Explain fully how it happened:

Is there a right of recovery against any party Yes No
If Yes, please give full details:
Type of claim/loss/damage:
Estimated cost of (a) Repairs: € (b) Replacement: €
Have repairs commenced? Yes No
If yes, give full details including date of when repairs commenced:

Name and address of repairers (including telephone number):

In the case of damage to a building it is not necessary to complete columns 4 and 5.

① Description of property lost, destroyed or damaged	② Are you the sole owner? Yes <input type="checkbox"/> No <input type="checkbox"/>	③ If not, give details of your interest and that of other parties.	④ When & where purchased	⑤ Cost Price	⑥ Estimated cost of repair or replacement cost if repair not possible	⑦ Allowances for depreciation (wear & tear)	⑧ Net amount claimed
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
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	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						
	Yes <input type="checkbox"/> No <input type="checkbox"/>						

5. Declaration

IPB is classified as a Data Controller under Irish Data Protection Legislation. The information you provide to us as part of your claim application will be processed by us to confirm your identity, process your application and to record and cross reference particulars of your claim in insurance industry databases for fraud prevention purposes. This may involve exchanging information with Insurance Link, the anti-fraud claims database run by the Irish Insurance Federation. In certain cases we may also share your information with other insurance providers and private investigators.

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Signature Date / /

**Please Note: The Garda Síochana must be notified if the property is lost or stolen.
You must ensure the Garda Report Form is stamped and completed by the Garda to whom the incident was reported.
Please return completed claim form and Garda Report Form with any estimates/valuations/original receipts to:**



The Claims Department
Irish Public Bodies Mutual Insurances Ltd., 12-14 Lower Mount Street, Dublin 2.
Tel: +353 1 639 5500 Fax: +353 1 639 5540 Email: property.claims@ipb.ie Web: www.ipb.ie
Reg. No. 7532 Republic of Ireland. Irish Public Bodies Mutual Insurances Ltd. is regulated by the Central Bank of Ireland.

