

## Home Insurance Claim Form

Please complete all mandatory (\*) sections of this Claim Form as soon as possible after the incident. If at any time you require assistance, please call us on +230 659 0659

### Important Information

1. Tell the police immediately if something is lost or if you suspect theft or malicious damage, or if you are a victim of a riot.
2. Give us as much information about the incident as you can.
3. Get estimates for repairing damage as soon as possible. You can carry out any temporary repairs needed to make your home weatherproof or safe immediately but keep the bills as the cost may form part of your claim.
4. Speak to us before you make any arrangements for replacement or permanent repairs.
5. We must have the opportunity of looking at the damage before permanent repairs begin.
6. If we ask, please send us written details of your claim.
7. You must take all reasonable steps to prevent further damage.
8. If someone is holding you or your family responsible for damage to their property or for injury to them, do not admit liability. Ask for any claim to be put in writing and refer all correspondence to Quantum Insurance Ltd.

### 1. Insured Details

Policy No.: .....

Name: .....

Address: .....

Phone No: ..... E-mail address: .....

House No.: ..... Sub Locality: .....

Main Town: ..... Postal Code: .....

### The person submitting this form (if different from Policyholder)

Name: .....

Relationship with Policyholder: .....

Phone No.: ..... E-mail address: .....

## 2. Incident Details

Date of Incident (dd/mm/yyyy)\*

.....

Time of Incident

.....

Where did the incident happen?

.....

Address\*

.....

Claimable items\*  
(Check boxes)

Building

Contents

Personal Effects

Personal Liability

Domestic Servants

Involuntary Loss of Employment

Others

Please give full description of what happened:

.....

.....

.....

Do you consider any other party responsible for the incident?  Yes  No

Please provide details of other party including Name, Address, Contact details. *(applicable if "Yes" selected to previous question)*

Were the Police notified of the incident?  Yes  No

(Please attach a copy of the Police report /statement)

Do you hold any other insurance/s under which a claim for this incident may be made?  Yes  No

How much are you claiming?

## 3. Building – Details of Claim *(applicable if "Building" selected as "claimable Items")*

If you have estimates of repairs and pictures of the damages, please attach.

NB: If you are still awaiting estimates, you may still submit your claim now and send us the estimates as soon as you receive them.

Description of item/s	Estimated cost of repairs (MRU)	Replacement cost (if not repairable) (MRU)	Amount Claimed (MRU)

HSBC Centre, 1st floor, 18 Bank Street, Ebène 72201 - Mauritius

T: +230 659 0659 | F:+230 659 0666 E: [info@quantuminsurance.com](mailto:info@quantuminsurance.com)

[www.quantum.co.mu](http://www.quantum.co.mu)

#### 4. Contents – Details of claim *(applicable if “Contents” selected as “claimable Items”)*

If you have any invoices or estimates, pictures to substantiate your claim, please attach a copy to help us proceed with your claim more quickly. We shall require the original documents before settlement of your claim.

NB: If you are still awaiting estimates, you may still submit your claim now and send us the estimates as soon as you receive them.

**Please complete all the relevant columns providing as much information as possible.**

Description of item/s	Estimated cost of repair (MRU)	Replacement cost (if not repairable) (MRU)	Amount Claimed (MRU)

#### 5. Personal Effects – Details of claim *(applicable if “Personal Effects” selected as “claimable*

If you have any invoices or estimates to substantiate your claim, please attach a copy to help us proceed with your claim more quickly. We shall require the original documents before settlement of your claim.

NB: If you are still awaiting estimates, you may still submit your claim now and send us the estimates as soon as you receive them.

**Please complete all the relevant columns providing as much information as possible.**

Description of item/s	Estimated cost of repair (MRU)	Replacement cost (if not repairable) (MRU)	Amount Claimed (MRU)

#### 6. Personal Liability/ Domestic Workers Compensation – Details of claim *(applicable if “Personal Liability &/or Domestic Workers Compensation” selected as “claimable Items”)*

**Important:**

- Do not negotiate or admit responsibility
- Do not make any offer, promise or payment
- Do not make your own arrangements for repair or replacement

**7. Involuntary Loss of Employment – Details of claim** (applicable if “Involuntary Loss of Employment” selected as “claimable Items”)

**Employer Details:**

Company: .....

Address: .....

Phone Number: .....

Email Address: .....

Date of termination: .....

Reason for termination: .....

.....

.....

Please submit the following documents:

- i. A copy of the contract of employment
- ii. A copy of the termination letter
- iii. A copy of your monthly receipt for payment of school fees (if applicable)
- iv. A copy of your mortgage loan agreement

**8. Other – Details of claim** (applicable if “Other” selected as “claimable Items”)

Please attach any relevant documents to substantiate your claim.

Description of item/s	Estimated cost of repair (MRU)	Replacement cost (if not repairable) (MRU)	Amount Claimed (MRU)

By submitting this form,

I hereby declare that to the best of my knowledge and belief the statements and particulars contained herein are truthfully made and that I have not withheld any material fact concerning the accident or the injured party.

I understand that Quantum may record telephone calls for security and training purposes, for fraud or crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature of Insured:

Date:

HSBC Centre, 1st floor, 18 Bank Street, Ebène 72201 - Mauritius

T: +230 659 0659 | F: +230 659 0666 E: [info@quantuminsurance.com](mailto:info@quantuminsurance.com)

[www.quantum.co.mu](http://www.quantum.co.mu)