

This claim form is not an admission of liability. In order to ensure fast and accurate processing, kindly fill out this claim form in full. Thank you for your cooperation.

<u>g</u> `	Policy details					
	Policy no.:			Policy holder/Company name:		
	Email:			Phone no.:		
	Do you own the property?	Yes	No	If not, please provide owner details below:		

7	Incident desc	ription						
_	Date of incident:							
	Location of the incident:		Home Out in the open but inside the premises			Outside the premises		
			Abroad		In transit from Ir	nsured's ho	me to another home	
	Type of claim:		Accidental damage		Theft		Injury	
			Fire damage		Water damage		Other (please specify)	

Please provide a brief description of the incident and the extent of damage:

In case of theft, please attach the police report (mandatory).					
Was the incident reported to the police?	Yes	No	If yes, on which date: DD/MM/YYYY		
To which police station was it reported to?					
Is there any other insurance covering the	V	NI -	If yes, which company:		
ne property?	Yes	No	Policy no.:		

Policy holder declaration

I declare that I have become eligible to make a claim under the terms of my policy and claim benefit accordingly. I certify that, to the best of my knowledge, the above information is true and correct.

I understand that if any information provided by me is found to be deliberately misleading or incorrect, this claim may be rejected and my Policy may be treated as invalid. In such circumstances, I also understand that I will have to repay any benefit that I have received to date and that legal action could be taken against me.

I authorise GIG to make any enquires and obtain any information they consider relevant from any doctor(s), employer(s), ex-employer(s) or elsewhere. I understand that I must provide evidence to GIG to prove my claim. I understand and give explicit consent that the sensitive health and other information I may provide about myself will be used, stored, transferred and/or disclosed by GIG, its agents and associated companies, other insurers, regulators, industry, and public bodies (including the police) and agencies to process this insurance and any other insurance, handle claims and prevent fraud. This may involve the transfer of such information to other countries.

GIG has taken steps to ensure that your information is held securely. You have the right to access your personal data held by GIG. If you believe that your personal data held by GIG is inaccurate you have the right to ask for this to be rectified.

Date:		Signature:
-------	--	------------

If you have any question regarding this form or any other aspect of the cover, please send your enquiry to our Non Motor Claims Team at the email address home.claims@gig-gulf.com or by phone UAE: 800292, Bahrain: 80001060, Oman: 80070292, Qatar: 8002921



In case of theft or multiple damaged items, please fill the form below.

Was the premise occupied when the property was damaged/stolen? Yes No	emise occupied when the property was damaged/stolen? Yes No	
---	---	--

No.	Describe the property damaged/stolen	Date & place of purchase	Price paid/ Repair cost
	Total amount claimed		
	Total amount damies		