

SJÓVÁ-ALMENNAR tryggingar hf., Kringlan 5, 103 Reykjavík Tel.: 440-2000 sjova@sjova.is

CLAIM - HOME CONTENT

olicy holder's name	SSI	N	Bank account						
Address	Tele	ephone/Mobile	E-mail						
amage tolerant/Owner of items (if other than policy holder)	Tal	ephone/Mobile	SSN						
		epitorie/wobile	Sin						
When did the incident happen, date and time. Please	When did the incident happen, date and time. Please estimate if not known)								
2 Are you the owner of the damaged/stolen items	□YES □	NO If NC) please write owners name.						
3 Is the owner of the damaged/stolen items subject to \	AT?	YES NO							
4 Where did the incident happen? At home 5	Away from hor	ne If Awa	ay from home please specify where						
Is the content insured with another incarance compar 6	y? □YE	ES 🗌 NO	If YES specify the company.						
Describe how the incident happened and what was th	e damage. Please	be be specific.							
7 In case of burglary:									
] YES □ NO	If VES place	e describe how the house was entered:						
		II TES piease	ueschue now the nouse was entered.						
Were the windows shut at the time of the burglary?	☐ YES	□ NO							
Was anyone living in the property at the time of the b	ırglary? 🔲 YES	□ NO I	f NO when was the house last inhabited?						
Is there any damage to the property?]YES 🗍NEI	If YES,	is the property insured with another insurance company?						

			Date of				
1			Year	Month	Price	Current price	
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
			Total	I I			
	with the intension of misle	eading the insurer wh estimate my legitimate	en deciding te damage a	if the clair and compe	m is legitimate. I a ensation. If neede	have not withheld any informati authorise Sjóvá to obtain further ed, I authorise Sjóvá to give othe	
	Date Signature of policy holder						

Receipts and invoices for the damaged content makes the process more efficient.