vmia
Risk Management and Insurance

DOMESTIC BUILDING INSURANCE

SUPPLEMENTARY CLAIM FORM

Please complete this form if you wish to claim for items not included on your original Domestic Building Insurance claim form.

Owner's name:	Claim number:	Date:

Please number each item	When did you become aware of the loss/defect:	Description of loss claimed/or defect
eg. 1	1 Jan 2013	Faulty window seal, master bedroom

I declare this information is true and correct.

Owner(s) signature(s):

Full name:

Date: D D / M M / Y Y Y Y

Full name:

Date: D D / M M / Y Y Y Y