

KennCo Household Insurance

Claim Form and Guidance Notes

Customer Service

At KennCo, our aim is to provide insurance cover and service of the highest standard. However, there may be occasion when you feel that this objective has not been achieved. If you have a complaint in connection with company service, the details of your policy or treatment of a claim please follow the procedure below quoting your policy number in all correspondence so that your complaint may be dealt with speedily.

In the first instance please contact your broker who arranged the policy for you.

Should you remain dissatisfied please write to the Complaints Manager, KennCo Underwriting Ltd., Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16.

If you are still dissatisfied you may contact:

Financial Services and Pensions
Ombudsman,
Lincoln House,
Lincoln Place,
Dublin 2,
D02 VH29,
Ireland

Tel: +353 1 567 7000
E-mail: info@fsp.ie

KennCo Household Insurance

Claim Form and Guidance Notes

We recommend that you, the Policyholder read the following notes carefully BEFORE filling in this claim form. Please remember to sign and date the Declaration at the end of the form.

Data Protection

ERGO Versicherung AG and KennCo considers that protecting personal information is very important and we recognise that you have an interest in how we collect, use and share such information. We invite you to review this Data Protection Statement, which outlines how we use and protect that information.

Use of Information

1. This notice will explain how ERGO Versicherung AG and KennCo will use information provided by yourself and third parties. References to "ERGO" means ERGO Versicherung AG, its subsidiaries and any associated companies from time to time. Reference to KennCo means KennCo Underwriting Ltd, its subsidiaries and any associated companies from time to time. The information that you provide to ERGO and KennCo will be held on computer, computer database, e-mail, imaged documents, files, and letter and/or in any other way. ERGO and KennCo will use this information to (i) administer and process any products/services you have purchased from us, (ii) administer any future agreements we may have with you, (iii) manage any claim notified by you or by a third party and (iv) for client services, research and statistical analyses.
2. When considering a proposal or administering your insurance contract(s), handling claims, or making decisions regarding deferred payment arrangements, including whether to continue or to extend an existing deferred payment arrangement, ERGO and/or KennCo may carry out searches (for the purpose of verifying your identity) and/or a credit search with one or more licenced credit reference agencies.
3. For underwriting and claims purposes, we may request details about the health, the condition, the commission or alleged commission of any offence and conviction about you. In these applications, you explicitly consent to the processing of your details for these purposes.

Rights of Customers

4. You have the right of access to the personal data held about you by ERGO and KennCo by sending a written request to the Data Protection Unit, KennCo Underwriting Ltd, Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16. You also have the right to require ERGO and/or KennCo to correct any inaccuracies in the information we hold about you.

Sharing of Information

5. We shall not disclose personal information without the consent of the individual to which it relates except in limited circumstances as permitted or required by law. We may share personal information with agents or service providers in connection with providing, administering and servicing the products you have purchased from us or in the course of handling third party claims.

Where we choose to have certain services provided by third parties, we do so in accordance with the applicable law and take reasonable precautions regarding the practices employed by the service provider to protect personal information.

Insurance Link

6. Where you make a claim, we will pass details of the event to the Insurance-Link Central Register maintained by insurance companies under the aegis of the Irish Insurance Federation. The information will be shared with other insurance companies to safeguard against non-disclosure and help prevent fraudulent claims. Where there are reasonable grounds for suspicion, information may be passed to relevant enforcement agencies.

Consent

7. By providing ERGO and/or KennCo with your information you consent to all of your information being used, processed, disclosed and retained as set out above.

DETAILS FOR COMPLETION

Policy Number
Claim Number

Policyholder's Details

Title
Surname
First Name
Date of Birth
Occupation
Address

Year house was built
Telephone no: Work
Home
Mobile
Email Address
Are you registered for VAT? Yes No
Mortgage Provider (Who has interest in this property)

Policy/Property details

How long have you lived at this address?
Is the property occupied solely by you and your family? Yes No
If no, please provide details

Was the property occupied at the time of loss / damage? Yes No
If no, please advise number of days unoccupied and from what date?
Is there an alarm system in force? Yes No
If yes was it set at time of the loss? Yes No
Please provide details of the alarm
Have you or any member of your household ever been convicted of, or have any prosecution pending, for any criminal convictions other than minor traffic offences? Yes No
If yes, please provide details

Loss / Damage Details

How did the loss / damage happen? Please provide as much detail as possible.

Where did the loss / damage happen?
When did the loss / damage happen? Date Time

Loss / Damage Details (Continued)

Are you the sole owner of the property claimed for? Yes No
 If no, please provide details

Is the property used or held for business or professional purposes? Yes No
 If Yes, please provide details

Are you aware of the identity of the person who caused the damage? Yes No
 If Yes, please provide name and contact details including telephone number

Have you had any work carried out recently that may have contributed to the loss / damage? Yes No
 If Yes, please provide details of the work and who undertook it

Does any other insurance policy cover the property you are claiming for? Yes No
 If Yes, please provide details
 Name of Insurance Company
 Policy Number

Have you suffered any other loss in the past 5 years under this or any other household policy whether such losses were covered by insurance or not? Yes No
 If Yes, please provide details

Description of property affected / claimed for

Please note we require a written estimate for the repair/replacement of the property for which you are claiming. This should be provided by a retailer / tradesperson.
 Please retain all damaged goods for inspection and do not carry out any works (other than temporary emergency repairs) before we have a chance to inspect.
 If you do not retain all damaged goods for inspection or if you carry out repairs before we have had a chance to inspect, your action may prejudice our position and may mean that we cannot deal with your claim.

Buildings

Description of Property

 Estimated cost of repair

Contents

Description of property	Make/Model/Serial Number	Year of Purchase	Place of Purchase	Amount Paid	*Estimated Cost of Replacement

*Estimated cost of replacement is the same as the amount stated on the written estimate you have obtained.
 Continue on page 6 if necessary

Total Price Paid
 Total estimated cost of Replacement

Claims involving theft, loss, vehicle impact or malicious damage must be reported to the Gardai and the following must be completed:

To be completed by you, the Policyholder:

I am reporting the theft or loss of the property set out in this form

Name

Policyholder Signature

To be completed by the Gardai:

This is to certify that:

Name

Address

Reported Loss or Theft of *

To This Station (Name & Address)

On (Date) (Time)

In our report we have recorded the interest of KennCo Underwriting Limited in this property*

Garda Pulse Number

Garda Signature

Garda Stamp

*Attach appendix if appropriate

Claims Checklist

Please make sure you have attended to the following items:

- You have signed your claim form
- You have completed all necessary sections
- Garda Details are completed in cases where it is required
- You have included full contact details
- You are enclosing written estimates from a retailer or tradesperson
- You have retained all damaged goods for inspection and have not carried out any works (other than temporary emergency repairs) before we have had a chance to inspect.

Declaration

I/We hereby declare that the above statements and information furnished by me/us or on my/our behalf are true and complete in every respect.

I/We have disclosed all information in my/our possession.

I/We understand KennCo may seek information from other insurance companies to check answers I/we have provided.

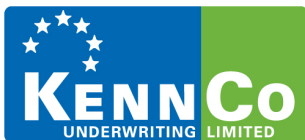
I/We understand KennCo will pass the information on this form (and about any incident of which I/we may provide details) to Insurance Link and other industry databases where it will be available to other insurance companies.

I/We also understand that, in response to any searches related to such information provided, Insurance Link and other insurance companies may pass on to KennCo information it has received about other incidents involving anyone insured under the policy

Policyholder Signature	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please Insert Additional Information Here.

[Empty box for additional information]



KennCo Underwriting Limited, Suite 7 Grange Road Office Park, Rathfarnham, Dublin 16
Ph: (01) 4994600 Fax: (01) 4954627
Reg No 0454673 registered at Suite 7, Grange Road Office Park, Grange Road, Rathfarnham, Dublin 16
KennCo Underwriting is regulated by the Central Bank of Ireland.