

Claim form – Building Insurance

Please fill out this form if you are reporting a claim regarding your building insurance (Sethúsatrygd)

Name: _____

Address: _____

Postal code and town/city: _____

Telephone: _____

Email: _____

Your bank: _____

Account number: _____

Are you VAT registered?

Yes No

Date on which damage occurred: / 20

What damage has occurred? Please give a detailed description of the incident

Where did the damage occur?

Which items have been damaged?

Please describe which items have been damaged. If the damaged items are domestic appliances, electrical appliances, antennas or similar, please provide the brand and make of the items, as well as their age.

Fill out below if you have further comments, e.g. if there are any special circumstances regarding the damage.

Comments

_____ date / 20 _____
Place Signature