

PROPERTY CLAIM FORM



How we can help you. Please read carefully:

We give claims our greatest possible care and deal with them as fully as possible - because we know that these things are important to you when you submit a claim. Our advanced systems make the procedures as fast as possible but, sometimes, claims are delayed by incomplete information. Please help us to help you by:

- ensuring **every** question is answered
- making **sure** that the information you give is clear and as complete as possible
- remembering to **sign and date** this form and making sure **documentary evidence is enclosed** to support the amount(s) claimed e.g. purchase receipt(s), estimate(s), valuation(s), or invoice(s)

In the event of a claim please:

- **telephone your Insurance Advisor immediately if serious damage to, or loss from, your property has occurred**
- complete **all** sections of this form, providing any information on a separate sheet
- **retain all damaged items as we may wish to inspect them**
- telephone your Insurance Advisor if you need assistance to complete this form
- send at least **two competitive estimates/quotations for all items**. You need not send documentation for items for which £30 or less is claimed

SECTION 1: DETAILS OF THE POLICYHOLDER(S) AND POLICY

<p>1a) Full name(s) of Policyholder <input style="width: 100%; height: 20px;" type="text"/></p> <p>c) Address <input style="width: 100%; height: 80px;" type="text"/></p> <p>f) Are you VAT registered? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>b) Occupation <input style="width: 100%; height: 20px;" type="text"/></p> <p>d) Telephone Numbers (Daytime 9am - 5pm) <input style="width: 100%; height: 20px;" type="text"/> Evening (after 5pm) <input style="width: 100%; height: 20px;" type="text"/></p> <p>e) Policy Number <input style="width: 100%; height: 20px;" type="text"/></p> <p>If yes, what proportion can you recover on the items subject to this claim? <input style="width: 50px;" type="text"/> %</p>
---	---

SECTION 2: CIRCUMSTANCES OF THE INCIDENT

<p>2a) When was the incident? <input style="width: 100%; height: 20px;" type="text"/></p> <p>c) Location of incident (if different from the address above) <input style="width: 100%; height: 60px;" type="text"/></p> <p>e) If you are claiming for a theft from a building how and where entry was made? <input style="width: 100%; height: 40px;" type="text"/></p> <p>g) Please provide details of others with knowledge of the circumstances. <input style="width: 100%; height: 80px;" type="text"/></p>	<p>b) Who discovered the loss/damage? <input style="width: 100%; height: 20px;" type="text"/></p> <p>d) How did the incident occur? Please state fully the cause and circumstances leading up to and surrounding the incident and its discovery <input style="width: 100%; height: 50px;" type="text"/></p> <p>f) Were there any signs of forced entry to the building? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide details <input style="width: 100%; height: 20px;" type="text"/></p> <p>h) If you know or suspect the person responsible for the damage, please give details <input style="width: 100%; height: 60px;" type="text"/></p>
--	---

SECTION 3: POLICE DETAILS

COMPLETE THIS SECTION IF YOUR CLAIM IS FOR: **THEFT, ACCIDENTAL LOSS, MALICIOUS DAMAGE OR RIOT**. These events **must** be reported to the Police immediately.

<p>3a) Address of Police Station <input style="width: 100%; height: 40px;" type="text"/></p>	<p>b) Date and Time incident reported to Police <input style="width: 100%; height: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> am/pm</p> <p>c) Crime/Police Reference Number <input style="width: 100%; height: 20px;" type="text"/></p>
--	---

