

CLAIMS FORM

PROPOSER

Policy number:	(Office use only) Claim number:
Title: Mr/Mrs/Miss/Ms	
First Name(s):	Surname:
Correspondence Address:	
Email Address:	Phone number:

PROPERTY INSURED

Risk Address:	
	Postcode:

DETAILS OF CLAIM

Date of Occurrence:	Time:
Full details of loss:	
How did loss or damage occur?	
When was it discovered?	

If the claim is due to loss, theft, burglary or malicious damage, you must notify the Police within 24 hours of the date you became aware of the incident. **Please give details of the station it was reported to:**

Address:
Crime Ref. Number:

ADDITIONAL INFORMATION

Are you Sole Owner of the Property for which the claim is made? (Circle one)	Yes	No
If no, please give details:		
Is there any other insurance covering the Property concerned? (Circle one)	Yes	No
If yes, please give details:		

Please enclose estimates and photos (if applicable) with this claim form.

Full Description of Property Claimed	Date & Place of Purchase	Original Price (£)	Is item repairable? Yes/No	Estimated Cost of Repair or Replacement (£)	Amount Claimed
Please continue on a separate sheet if necessary.					Total:

DECLARATION

The information supplied to us in this form by either you or anyone acting on your behalf will be used by us when dealing with your claim.

Please be aware that if you or your representative makes a claim under your insurance knowing the claim to be false, fraudulent or intentionally exaggerated in any respect, or makes a statement in support of a claim knowing the statement to be false in any respect or submits a document in support of a claim knowing the document to be forged or false in any respect or makes a claim in respect of any loss or damage caused by your wilful act or connivance then your claim will be void and not paid.

I hereby declare that all details provided by me or my representative in this form are to the best of my knowledge and belief true and are a complete and accurate account of the claim I wish to make.

Signature:	Date:
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