

# Property Claim Form

We recognise the need for prompt and careful handling of your claim. Please help us to help you by answering all relevant questions. Continue your answers on a separate page if necessary.

**In addition you should:**

- telephone us or your insurance advisor if you need assistance
- undertake any temporary emergency repairs necessary to secure your property and prevent further damage
- retain all damaged items as we may wish to inspect them
- provide all documentation in support of your claim (although you should not delay submitting this form in the event that the necessary documentation is not immediately to hand)

Please return the completed form to:

**UPI, Alexandra House,  
Royal Pier Road, Gravesend,  
Kent DA12 2BG**



# Property Claim Form

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## Your Details

1. Name:

2. Policy/Certificate No:

3. Correspondence Address:   
Postcode

4. Risk Address: (if different)   
Postcode

5. Telephone Number:  Fax:

6. Email Address:

7. Are you the  owner  tenant  other (please give details)

8. Are you VAT Registered?  Yes  No

9. Please provide details of the person we should contact regarding this matter if it is not yourself.  
Please note this person must be authorised to discuss this incident on your behalf.

Name:

Position/title:

Telephone Number:  Fax:

Email Address:

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## Circumstances of Loss

1. Date of loss:

2. Location of loss:

3. Brief circumstances of loss:  
(Continue on a separate sheet if necessary)



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## Data Protection Act

By signing this Claim Form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

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## Declaration

I declare that the details given on this form are true and complete to the best of my knowledge.

Name

Signature

Date



PO Box 420  
Sittingbourne ME10 1WB  
Registered in England and Wales  
Number 70234

Telephone: +44 (0)870 084 3776  
Facsimile: 44 (0)20 7448 6923

Email: [enquiry@hiscox.com](mailto:enquiry@hiscox.com)  
Website: [www.hiscox.com](http://www.hiscox.com)

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