

CLAIM FORM

(This form should be fully completed by the claimant)

POLICY DETAILS

POLICY NUMBER 850700

Policy Holder(s)

Day time telephone

Evening

Risk Address

Correspondence Address

LOSS DETAILS

Type of loss e.g. Fire, Theft, Storm, etc. Please state

Date of Occurrence / Discovery

State circumstances under which incident took place

Is there any other insurance on the property?:

IF DAMAGED

Can item be repaired Yes/No*

If so, please supply two Builders estimates for repair

**UNDER NO CIRCUMSTANCES SHOULD REPAIRS BE CARRIED OUT WITHOUT THE
PRIOR CONSENT OF THE COMPANY**

IF LOST OR STOLEN

Where and when was property last seen by you?:

When and where was loss discovered and by whom?:

Date police advised and address of station:

Crime Reference:

I HEREBY DECLARE that the property claimed for has been Lost/Stolen/Damaged*

Signature:..... Date:.....

*Delete as applicable