

## PROPERTY CLAIM FORM

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

Policy Number:

Claim Number:

### PROPOSER

(Mr., Mrs., Miss.)

First Names:

Surname:

Correspondence Address:

E-mail Address:

Contact Telephone Number:

### PROPERTY INSURED

Risk Address:

Postcode

How was the Property being used as at the time of loss? (tick as appropriate):

Holiday Home

Holiday Home Let

Second Home

Let Property

Unoccupied Property

Student Let

DSS Let

Other (Please specify):

### DETAILS OF CLAIM

Date of Occurrence:

Time:

Full details of Loss:

How did loss or damage occur?:

When was it discovered?:

If the Property was unoccupied at time of loss, when was it last occupied?:

Was Property furnished or unfurnished at the time of loss?:

If 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 address of station it was reported to:

Crime Ref. No.

Are you the sole owner of the Property for which the claim is made? Please tick

Y

N

Is there any other Insurance covering the Property concerned? Please tick

Y

N

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 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: