



## PROPERTY CLAIM FORM

PLEASE ANSWER ALL QUESTIONS IN FULL AND IN BLOCK CAPITALS

### PROPOSER

<b>TITLE</b>	<b>FIRST NAMES</b>
<b>SURNAME</b>	
<b>CORRESPONDENCE ADDRESS</b>	
<b>EMAIL ADDRESS</b>	
<b>CONTACT TELEPHONE NUMBER</b>	<b>POLICY NUMBER</b>

### PROPERTY INSURED

**RISK ADDRESS**

**HOW WAS THE PROPERTY BEING USED AT THE TIME OF LOSS? TICK AS APPROPRIATE**

UNOCCUPIED PROPERTY	SECOND HOME	HOLIDAY HOME	LET PROPERTY - HOLIDAY HOME
LET PROPERTY - WORKING TENANTS ON BENEFITS	LET PROPERTY - STUDENT LET	LET PROPERTY - DSS HMO LET	LET PROPERTY - WORKING/ RETIRED TENANTS
LET PROPERTY - UNEMPLOYED TENANTS	LET PROPERTY - LET DIRECT TO LOCAL AUTHORITY		
LET PROPERTY - OTHER (PLEASE STATE)			

### DETAILS OF CLAIM

<b>DATE OF OCCURRENCE</b>	<b>TIME</b>
<b>FULL DETAILS OF LOSS</b>	

**HOW DID THE LOSS OR DAMAGE OCCUR?**

**WHEN WAS IT DISCOVERED?**

**IF THE PROPERTY WAS UNOCCUPIED AT THE TIME OF LOSS, WHEN WAS IT LAST OCCUPIED?**

**WAS THE PROPERTY FURNISHED OR UNFURNISHED AT THE TIME OF LOSS?**

**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 THE ADDRESS OF THE STATION IT WAS REPORTED TO.**

**CRIME REFERENCE NUMBER**

**ARE YOU THE SOLE OWNER OF THE PROPERTY FOR WHICH THE CLAIM IS MADE? PLEASE TICK** YES  NO

**IS THERE ANY OTHER INSURANCE COVERING THE PROPERTY CONCERNED? PLEASE TICK** YES  NO

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.**

**FULL NAME**

**DATE**