# PROPERTY
# CLAIM FORM

Please complete **Policyholder, Event** and **Property** Sections.
Only complete the relevant section(s) of **Details of Claim**

**POLICY HOLDER**

Name | Policy No.
Address | Tel No. Home
Tel No. Office
Are your registered under the VAT regulations? YES ☐ NO ☐ Occupation
if YES, please give details

**EVENT**

Date and time | Place
When and by whom discovered
State in full detail the cause of the loss or damage

In case of theft, loss or malicious act, the Police must be informed promptly. State date Police advised and name of station and crime ref. If known

**PROPERTY**

Are you the sole owner of the Property for which the claim is made? YES ☐ NO ☐
If NO, give details of interested parties

Were the premises occupied at the time of the occurrence? YES ☐ ☐
If No, on what date and hour were they last occupied?
State total value of Insured Property Buildings £ Contents £
Have you previously made a Property claim against any Insurers? YES ☐ NO ☐
If YES, give particulars

**DETAILS OF CLAIM**

**A. BREAKAGE OF GLASS /MIRROR**

Where situated | Size
If mirror when purchased and for what price
Amount claimed

**IMPORTANT** - Please attach estimate for Repairs/Replacement

**B. WASH BASIN AND/OR SANITARY FIXTURES**

Description and colour of fixture
When purchased and for what price
Amount claimed

**IMPORTANT** - Please attach estimate for Repairs/Replacement

**C. UNDERGROUND PIPE/CABLE**

Does the damaged pipe/cable extend from the house to the public mains? YES ☐ NO ☐
If NO, has local authority accepted any responsibility?
What was cause of the damage?
Length of section of pipe/cable (to be) renewed | Age of pipe/cable

**IMPORTANT** - Please attach estimate for Repairs/Replacement

**D. BUILDINGS**

| SPECIFY SEPARATELY EACH ROOM OR BUILDING DAMAGED OR DESTROYED | AGE OF BUILDING OR DAMAGED FIXTURE/FITTINGS | DATE WHEN LAST DECORATED | AMOUNT OF ESTIMATE (Please attach Repair or Replacement Estimate) | DEDUCTION FOR PREVIOUS DEPRECIATION, ALTERATION OR IMPROVEMENTS | NET AMOUNT CLAIMED |
|---|---|---|---|---|---|
| | | | | | |

**E. CONTENTS**

| 1 DESCRIPTION OF ARTICLES LOST, DAMAGED OR DESTROYED | 2 DATE ACQUIRED | 3 FROM WHOM OBTAINED NAME & ADDRESS | 4 ORIGINAL COST (Receipts wherever possible) | 5 REPLACEMENT COST OR COST OF REPAIRS (Where applicable) | 6 DEDUCTION FOR WEAR AND TEAR (Where applicable) | 7 VALUE OF SALVAGE | 8 AMOUNT CLAIMED |
|---|---|---|---|---|---|---|---|
| | | | | | | | |

USE SEPARATE SHEET(S) IF NECESSARY

I/We declare that the above is a full and accurate statement, and I/We therefore claim the sum of _____ as the amount due to me/us in respect of the loss of or damage to the property detailed.

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.
Information may also be supplied to registers of lost or stolen property.

DATE _____ SIGNATURE _____