Please ensure the claim form is completed in full to prevent delays in settlement of your claim

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| **Policyholder Details** |
| Name of insured: |
| Daytime contact number: |
| Policy no: |
| Business or occupation: |
| Risk/Loss address: |
| Business address of insured: |
| VAT registered: |
| **Details of Claim** |
| Date & time of theft/loss/damage: |
| Date discovered: Click here to enter a date. |
| Name of person who discovered the incident: |
| Cause of incident: |
| Address where incident happened: |
| Description of incident: |
| Was the property occupied:  If ‘No’, how long was it unoccupied for: |
| If theft claim, how was entry gained to premises: |
| Was there visible violent entry or exit:  What is the damage: |
| Do you have any photos of the damage:  If ‘Yes’ please send to us. |

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| If water leak, has this been stopped:  What was the cause of the leak: | |
| If claim was in respect of theft of money, do you have a safe:  If ‘Yes’ was it locked:  Location of the keys: | |
| If vehicle or machinery involved, please provide details of owners: | |
| Have you taken necessary steps to prevent a reoccurrence:  If ‘Yes’, what steps: | |
| Are you the owner of the stolen/lost/damaged property: | |
| Do you have a burglar alarm fitted:  If ‘Yes’, was it in operation at the time of the incident: | |
| **Police Details** | |
| Have you notified the police: | Crime ref: |
| Date & time of report: | |
| Any CCTV footage:  If ‘Yes’, please supply | Anyone arrested: |
| Name of police officer: | |
| Address of branch reported to: | |
| **Claim settlement can be made either by cheque or BACS** | |
| By cheque – please provide payee: | |
| By BACS – please provide your bank account details inc name of account, sort code and account no:  Name of account:  Sort code:  -  -   Account no: | |
| **Please provide supporting document for stolen or damaged items to include original purchase receipts, photos of damage and replacement quotes** | |

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| **Description of damaged or stolen property** | **Date of purchase** | **Original purchase price** | **Value at time of loss/damage after deduction for wear and tear** | **Replacement costs** | **Amount claimed** |
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| **Total** |  |
| **Net amount claimed** |  |

**Declaration**

Insert name:Position in company:Date:Click here to enter a date.