

### **PROPERTY CLAIM FORM**

# SECTION 1 - RISK DETAILS (PLEASE COMPLETE IN ALL CASES) Policyholder Correspondence Address Postcode Contact Person Contact Number **Business/Occupation** Vat Registered? Policy Number **SECTION 2 - GENERAL QUESTIONS** Date and Time of Incident Address at Which Loss or Damage Occurred State Exactly How the Loss or Damage Occurred Name and Address of Person(s) Responsible for Loss or Damage



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SECTION 3 – BURGLARY/ THEFT				
If Burglary/ Theft Was from a Building,				
How Was Entry Gained?				
Were There Any Signs of Forced Entry to				
The Building? If Yes, Please Give Details				
Was an Intruder Alarm System in				
Operation at The Time of The Incident?				
Was the Alarm System Activated?				
Date and Time Incident Reported to The				
Police				
Crime Reference Number				

#### **SECTION 4 – PARTICULARS OF CLAIM**

Description of Property Lost, Stolen or Damaged (Including Make & Model)	Date of Purchase	Original Purchase Price	Estimated Cost of Repair	Replacement Cost If Not Repairable	Amount Claimed



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Have You Instructed Emergency Repairs?				
Is the Property Owned by You? If No, To Whom Does the Property Belong				
Do You Hold Any Other Policies Which May Also Cover This Occurrence?				
If So, Please Give Details				
SEC	TION 5 – ADDITIONAL INFORMATION			
	SECTION 6 DECLADATION			
SECTION 6 - DECLARATION				
I/ We Declare That the Above Statements Are True and Correct to The Best of My/ Our Knowledge and Belief. I/ We Have Not Withheld from the Insurer Any Information Within My/ Our Knowledge Connected with This Claim.  I/ We Agree to Provide the Insurers with Any Further Information or Documentation as May Be Reasonably Required.  I/ We Understand That Insurers Do Not Admit Liability by The Issue of This Form.				
17 We office started that insurers Do Not Admit Elability by The Issue of This Form.				
SIGNATURE OF POLICYHOLDER				
DATE				