

| SECTION 1 - POLICYHOLDER | |
|---|---|
| Policyholder Name: | |
| Policy Number: | |
| Contact Name: | |
| Contact Number and/or Email: | |
| Can the policyholder recover VAT: | Tick one: Yes No Partially |
| If yes/partially, please advise the percentage recoverable: | |

| SECTION 2 - INCIDENT DETAILS | |
|---|----------------------------|
| Date: | Time: |
| What happened: | |
| When and by whom was loss/theft discovered: | |
| Location: | |
| Police crime reference (if applicable): | |
| Is CCTV footage available: (if yes, please ensure this is retained) | Tick one: Yes No |

| BUILDING DAMAGE (IF APPLICABLE) | |
|--|----------------------------|
| Age of building: | |
| Extent of damage: | |
| Type of construction i.e. brickwork/tiled roof: | |
| Does anyone else have a financial interest in the property e.g as owner or under mortgage? | Tick one: Yes No |
| Does anyone else have a financial interest in the property e.g as owner or under mortgage? | |

| SECTION 3 - DETAILS OF CLAIM | |
|--|----------------------------|
| Please give the estimated total value of your property at the time of the loss below | |
| Are all the goods/property being claimed owned by the insured: | Tick one: Yes No |
| Were the premises occupied at the time of the loss: | Tick one: Yes No |
| If no, please confirm when the premises were last occupied: | |

If original purchase receipts and replacement/repairs quotes are available, please submit these along with the claim form.

| Description of each item of property lost, destroyed, or damaged | Original Date of purchase/ installation (if known) | Original Price (if available) | Original Purchase Invoices available? | | Amount Claimed? | Replacement/ repair quotes available? | |
|--|--|-------------------------------|---------------------------------------|----|-----------------|---------------------------------------|----|
| | | | Tick one: | | | Tick one: | |
| | | | Yes | No | | Yes | No |
| | | | Yes | No | | Yes | No |
| | | | Yes | No | | Yes | No |
| | | | Yes | No | | Yes | No |
| | | | Yes | No | | Yes | No |
| | | | Yes | No | | Yes | No |
| | | | Yes | No | | Yes | No |
| | | | Yes | No | | Yes | No |

SECTION 4 - GENERAL

| | |
|--|----------------------------|
| Are you insured under any other policy for this loss: | Tick one: Yes No |
| If yes, please give the insurers name | |
| Details of any previous property claims to include nature of claim, date and amount paid (if known) | |

SECTION 5 - THIRD PARTY DETAILS (IF APPLICABLE).

| | |
|---|----------------------------|
| Was the loss or damage caused by any third party? | Tick one: Yes No |
| Third party name: | |
| Third party address: | |
| Third party contact number: | |
| Additional third party details e.g vehicle registration. | |
| Has the third party accepted liability: | Tick one: Yes No |

ADDITIONAL DETAILS

Additional Details:

Please note below or attach any further details you can share. If any of the information below is available, please also include the same;

- Images of damaged property.
- Repair/Replacement estimates
- Correspondence with any other liable party

CLAIMS AND UNDERWRITING EXCHANGE

Insurers pass information to the Claims and Underwriting Exchange register, operated by Insurance Database Services Limited and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help them check information provided and to prevent fraudulent claims. A list of participants is available on request from your insurer. 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.

DECLARATION

- I/we declare that all answers are true and complete to the best of my/our knowledge and belief.
- I/we understand that if any claim in any respect is fraudulent including inflation or exaggeration of the claim, this could result in any benefit under the policy being forfeited and may invalidate policy cover.
- I/we understand that insurers may seek information from other insurers to check answers that I/we have provided.

Please tick to confirm that you have read and accepted the above

Signature:

Position in company:

Date: