

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:	
How did it happen:	
When and by whom was loss/theft discovered:	
Location:	
Police crime reference:	
Full address of the police station, informed officer name and number:	
Do you or the police know or suspect who was responsible:	Tick one: Yes No
If yes, please give names, addresses and details of any action the police are taking:	
Is CCTV footage available: (if yes, please ensure this is retained)	Tick one: Yes No

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
If theft from premises, how was access gained:	
Were there any signs of forced entry:	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:	
Are the premises protected by a burglar alarm:	Tick one: Yes No
If yes, was the system set when leaving the premises:	

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? Tick one:	Amount Claimed?	Replacement/ repair quotes available? 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)	

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:

REMINDER: PLEASE REMEMBER TO SAVE YOUR COMPLETED FORM TO YOUR DEVICE. YOU'LL NEED TO UPLOAD THE SAVED FILE ON THE NEXT STEP.