

PROPERTY INSURANCE CLAIM REPORT FORM

For Company use only

C/-	B/-	AR
AD YES/NO	AD YES/NO	
X/S £	X/S £	X/S £

SECTION 1 - INSURED

Insured's name..... Policy No

Address

..... Date premium paid/...../.....

Occupation

Telephone No Home Business

Email

Have you or any member of your family or any person living with you;

a) made a claim under any insurance policy, or suffered any loss or damage, in the last five years? YES/NO

b) ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson? YES/NO

If 'YES', please provide details

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SECTION 2 - THE INCIDENT

Date of loss Time

Address at which loss or damage occurred

.....

When and by whom discovered ?

Date and time loss reported to police

Were the premises occupied at the time of loss? YES/NO If NO, when were they last occupied/...../.....

Is the property lent, let or sublet? YES/NO

State exactly how the loss or damage occurred - (continue on a separate sheet if necessary)

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Is there any other insurance in force in respect of this loss? YES/NO

If 'YES', please give details as follows:

Insurer

Policy No

Please continue overleaf

SECTION 3 - TO BE COMPLETED IN THE EVENT OF BURGLARY/THEFT/MALICIOUS DAMAGE

IMPORTANT: All losses by theft, burglary, housebreaking or malicious damage must be reported to the Police immediately.

How was entry gained ?.....	
Were there any visible signs of a forced entry into the building?	YES/NO
If 'YES' please provide details	
Date and time incident reported to the Police	
Crime reference number, if known	
Was an intruder alarm system in operation at the time of the incident?	YES/NO
If 'YES' was the alarm activated?	YES/NO
THEFT OF BICYCLES	
Was the bicycle securely locked at the time of theft	YES/NO

SECTION 4 - DETAILS OF CLAIM - continue on a separate sheet if necessary

Description of property lost stolen or damaged (inc. make and model)	Date of purchase	Original purchase price	Estimated cost of repair	Replacement cost if not repairable	Repair estimate/ original invoices	Amount claimed
					Attached/ to follow	
					Attached/ to follow	
					Attached/ to follow	
					Attached/ to follow	
					Attached/ to follow	
					Attached/ to follow	
					Attached/ to follow	

Are all of the above items owned by you, or members of your family permanently residing with you? YES/NO

If NO, whom does the property belong to?

SECTION 5 - 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 warrant that all the information given herein is true and without exaggeration.

I/We agree to provide the Insurers with any further information or documentation as may be reasonably required. I/We declare that the property which belongs to me/us that the property is not insured elsewhere except as stated.

DATE.....

SIGNATURE.....