**Claim Report Form**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INSURED** |  |  |  |  |  |  |  |  |
| Policy No:  |   |   | Tel No:  |   |   |   | VAT Reg: Yes  |  |  No  |  |   |
| Name: |  |  |  |  |  |  |  |  |
| Address: |  |  |  |  |  |  |  |  |
|   |   |   |   |   |   |   | Postcode: |  |
| Business/Occupation: |  |  |  |  |  |  |  |  |
| **DETAILS OF LOSS** |
| D.O.L: / / T.O.L: |
| Place where loss occurred: |
|  |
| Circumstances of loss: |
|  |
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|  |
| **Please continue to page 2 for any property or material damage claims or below for injury claims** |
| **INJURED PERSONS** |  |  |
| Any injuries: Yes  |  |  No  |  |   |  Name/ address & age of injured pers | on/s: |
|  |  |  |
|  |  |  |
| HSE/RIDDOR advised: Yes  |  |  No  |  |  Accident book completed: Yes  |  |  No  |  |  Date: / / |
|  |  |  |  |
| Witnessed: Yes  |  |  No  |  |   |  Witness Details: |  |
|  |  |
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| **BUILDINGS - DETAILS OF CLAIM** |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Loss of damage details** | **Approx. age of property** | **If decorations damaged, state when last decorated (each room or part damaged)** | **Amount of tradesmen’s estimate. Please attach estimate** | **Amount claimed** |
|  |  |  | **£** | **£** |
|  |  |  | **£** | **£** |
|  |  |  | **£** | **£** |
|  |  |  | **£** | **£** |

**Please complete all relevant sections** **Are you the sole owner?** Yes No If ‘NO’, please give the name and address of any other party having interest in the property e.g. Building Society: |
| **Type of premises involved?** (Shop, house, office etc):  |
| **Were premises occupied at the time?** If not, when last occupied?:  |
|  **Was the house fully furnished for habitation?** Yes  |  |  No  |  |   |
|  |  |
|  **Is it used solely as a private dwelling?** Yes  |  |  No  |  |  |
|  |  |
|  **If a tenant, are you legally liable under an agreement for decorations or other repairs to the building?** Yes If ‘YES’, please forward the agreement for perusal |  |  No  |  |   |
|  |  |
|  **Are there any other insurances on the building?** Yes If ‘YES’, please give details including name, address and policy number of any other insurers, if known |  |  No  |  |   |
|  |  |
| **Name of Insurer and Address** |
|  **Policy No.**  | **State present value of building: £** |
|  |  |
| **CONTENTS** |
| State total value of the content of your premises at the time of the loss | **£** |
| **DETAILS OF CLAIM** Where necessary any additional information may be attached on a separate piece of paper

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description of articles** | **From whom obtained (name and address)** | **Date acquired** | **Original purchase price** | **Cost to replace or repair** | **Value of salvage** | **Amount claimed** |
|  |  |  | **£** | **£** | **£** | **£** |
|  |  |  | **£** | **£** | **£** | **£** |
|  |  |  | **£** | **£** | **£** | **£** |

 |
|  **Are you the sole owner?** If ‘NO’, please give name and address of the owner Yes  |  |  No  |  |   |
|  |  |
| **Name:** |
| **Address:** |
| **Are you aware of any alternative insurance arrangements in respect of specific articles such as mobile telephones, television or audio and hi-fi equipment which might form a part of the claim now being made?** If so, please provide details: |
|  **Other Insurers Name: Policy No.** |
| **POLICE INVOLVEMEN** | **T** |
|  |  |
| Police advised: Yes  |  |  No  |  |  Crime reference number: |
|  Police station:  |  Date reported: / / |
| **DECLARATION** |
| I/We hereby declare that to the best of my knowledge and belief these particulars are true and complete. I/We understand that you may ask for information from other insurers to check the answers I/We have provided. Signature Date: / / |