**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: | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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: | | | | | | | | |  | | | | | | |
|  | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BUILDINGS - DETAILS OF CLAIM** | | | | | | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **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: / / | | | | | | | | | | |