





|  |   |           |
|--|---|-----------|
| HSE/RIDDOR advised: Yes <input type="checkbox"/> No <input type="checkbox"/> | Accident book completed: Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: / / |
| Witnessed: Yes <input type="checkbox"/> No <input type="checkbox"/>          | 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  No   
If 'YES', please forward the agreement for perusal

**Are there any other insurances on the building?** Yes  No   
If 'YES', please give details including name, address and policy number of any other insurers, if known

**Name of Insurer and Address**

|                   |   |
|-------------------|---|
| <b>Policy No.</b> | <b>State present value of building: £</b> |
|-------------------|---|



## 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<br>(name and address) | Date acquired | Original<br>purchase price | Cost to<br>replace or<br>repair | Value of<br>salvage | Amount<br>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 INVOLVEMENT

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: / /

