



Property Insurance Claim Form

Please complete as fully and accurately as possible and return immediately to the address overleaf

Policy number _____

Name of insured _____

Name of claimant _____

Risk address _____

Correspondence address _____

Business or occupation _____

Telephone number. Home _____

Business _____

State the nature of your interest in the property being claimed for:

Is the dwelling: Flat Maisonette Apartment House

Is any part of the property Lent, Let, Sub Let, do paying guests stay with you or is the property used for any trade, business or profession? Yes No

If Yes, please give details

Have you ever had any previous losses arising from risks covered under this policy or any similar policies?

Yes No

If Yes, please state

DETAILS OF THE CLAIM

Date of incident _____

Describe what happened, circumstances under which discovered and by whom

Name and address of person(s) responsible for the loss or damage (if applicable)

What steps have been taken to prevent a reoccurrence?

Do you hold any other insurance policies which may also cover this occurrence? Yes No
If Yes, please give details.

LOSS/THEFT/MALICIOUS DAMAGE CLAIMS ONLY

State the full address of the Police Station notified

Date reported Police Crime reference number

If burglary/theft, were there any visible signs of a forced entry to the building? Yes No
If Yes, please give details

INSTRUCTIONS REGARDING YOUR CLAIM AND THE BASIS FOR ASSESSING VALUE WHERE PROPERTY IS DAMAGED, DESTROYED LOST OR STOLEN

The amounts claimed for those articles covered on a New for Old basis should represent the replacement cost of an equivalent article at the time of the loss/damage.
In the case of damage to the building, submit at least 2 estimates for the repair to the existing standard of construction/decoration.

Amount claimed £ (N.B. Please attach supporting documentation)

The issue of this form is not an admission of liability.

DECLARATION

I/we hereby declare that the property claimed for has been lost, stolen, destroyed or damaged in the manner described and that the details given on the form are true and complete to the best of my/our knowledge and belief.

I/we understand if any claim is in any respect fraudulent or if any fraudulent means including inflation or exaggeration of the claim are used to obtain benefit all benefit under the policy shall be forfeited and criminal proceedings may ensue.

I/we agree to provide the insurers with any further information or documentation as may be reasonably required.

I/we understand that you may seek information from other insurers to check the answers and documentation I/we have provided.

Signed Date

Please send to:

Deacon, 4th Floor Oxford House, Oxford Road, Bournemouth, BH8 8HA.
Tel: 01202 310101 Fax: 01202 310120

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