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## PROPERTY DAMAGE CLAIM FORM

Please complete **Policyholder**, **Event** and **Property** Sections. Only complete the relevant section(s) of **Details of Claim**

POLICY HOLDER		
Name		Policy No
Address		Tel. No.(Home)
	Postcode	(Office)
Are you registered under the VAT regulations? YES <input type="checkbox"/> NO <input type="checkbox"/>		Occupation/business
If YES, please give details		

EVENT		
Date and Time		Place
When and by whom discovered		
State in full detail the cause of the loss or damage		
In cases of theft, loss or malicious act, the Police must be informed promptly. State date Police advised and name of station and crime reference, if known		

PROPERTY		
Are you the sole owner of the Property for which the claim is made?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, give details of interested parties		
Were the premises occupied at the time of the occurrence?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If NO, on what date and hour were they last occupied		
State total value of Insured Property		Buildings £ Contents £
Have you previously made a Property claim against any Insurers?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, give particulars		
Were there at the time of the occurrence any other insurances in force on the said Property, whether effected by you or by any other person?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If YES, give particulars		

DETAILS OF CLAIM							
<b>A. BREAKAGE OF GLASS/MIRRORS</b>							
Where situated				Size			
If mirror, when purchased and for what price							
Amount claimed							
<b>IMPORTANT</b> – Please attach estimate for Repair/Replacement							
<b>B. WASH BASIN AND/OR SANITARY FIXTURES</b>							
Description and colour of broken fixture							
When purchased and for what price							
Amount claimed							
<b>IMPORTANT</b> – please attach estimate for Repair/Replacement							
<b>C. UNDERGROUND PIPE/CABLE</b>							
Does the damaged pipe/cable extend from the house to the public mains?				YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If <b>NO</b> , has local authority accept any responsibility?							
What was cause of damage							
Length of section of pipe/cable (to be) renewed				Age of pipe/cable			
<b>IMPORTANT</b> – Please attach estimate for Repair/Replacement							
<b>D. BUILDINGS</b>							
Specify Separately Each Room or Building Damaged or Destroyed	Age Of Building Or Damaged Fixture /Fittings	Date When Last Decorated	Amount of Estimate (Please attach Repair or Replacement Estimate)	Deduction For Previous Depreciation Alteration Or Improvements	Net Amount Claimed		

<b>E. CONTENTS</b>							
<b>1</b> Description of Articles Lost, Damaged or Destroyed	<b>2</b> Date Acquired	<b>3</b> From whom Obtained (Name and Address)	<b>4</b> Original Cost (Receipts wherever possible)	<b>5</b> Replacement Cost or Cost of Repairs (Where Applicable)	<b>6</b> Deduction For Wear and Tear (Where applicable)	<b>7</b> Value of Salvage (if any)	<b>8</b> Amount Claimed

USE SEPARATE SHEET(S) IF NECESSARY

I/We declare that the above is a full and accurate statement, and I/we therefore claim the sum of £\_\_\_\_\_ as the amount due to me/us in respect of the loss of or damage to the property detailed.

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Insurers or the Appointed Loss Adjusters.

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Information may also be supplied to registers of lost or stolen property.

_____	_____
<b>DATE</b>	<b>SIGNATURE OF INSURED</b>