

Personal Property Claim Report

Please return to:

Claim No: (Office Use Only)

Please answer all relevant questions fully and return this form within seven days.

INSURED			
Policy No:	<input style="width: 95%;" type="text"/>		
Full Name	<input style="width: 60%;" type="text"/>	Occupation	<input style="width: 35%;" type="text"/>
Insured Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
Postcode	<input style="width: 20%;" type="text"/>		Telephone No. <input style="width: 40%;" type="text"/>
Correspondence Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
Postcode	<input style="width: 20%;" type="text"/>		Telephone No. <input style="width: 40%;" type="text"/>
DETAILS OF LOSS			
Date of Loss	<input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/> / <input style="width: 20%;" type="text"/>	Time of Loss	<input style="width: 20%;" type="text"/> am / pm
Place where loss occurred	<input style="width: 95%;" type="text"/>		
When & by whom discovered	<input style="width: 95%;" type="text"/>		
Please state fully what happened	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
If known please state name and address of person causing loss or damage			
Name	<input style="width: 95%;" type="text"/>		
Address	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		
If you are claiming for lost or stolen articles, police must be advised promptly. They must also be advised in the case of malicious damage. Please state date police were advised and name and address of station.			
Name of Station	<input style="width: 95%;" type="text"/>		
Address of Police Station	<input style="width: 95%;" type="text"/>		
Officer's Number	<input style="width: 20%;" type="text"/>	Crime Reference Number	<input style="width: 20%;" type="text"/>
		Date Reported	<input style="width: 20%;" type="text"/>
Have you previously made a claim of this nature upon any company or underwriter? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If "Yes", please give details	<input style="width: 95%;" type="text"/>		
	<input style="width: 95%;" type="text"/>		

BUILDINGS - DETAILS OF CLAIM

loss or damage details	Approx. age of property referred to in previous column	If decorations damaged, state when last decorated (each room or part damaged)	Amount of tradesmen's estimate. Please attach estimate	Amount claimed
			£	£
			£	£
			£	£
			£	£

Please complete relevant sections

Are you the sole owner?

Yes No

If "NO", please give name and address of owner or any other party having an interest in the property e.g. Building Society

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

Policy No.

State present value of building £

CONTENTS - (Including articles specifically insured)

State total value of the contents 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 of the articles?

Yes No

If "NO", please give name and address of the owner

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

Address

Policy No.

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

Members of the Association of British Insurers
 Authorised by the Prudential Regulation Authority and Regulated by the Financial Conduct Authority & the Prudential Regulation Authority

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