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## PROPERTY CLAIM FORM

**PLEASE ANSWER EVERY QUESTION & SIGN THE DATA PROTECTION ACT CONSENT & DECLARATION ON THE FINAL PAGE**

Policy Number		Claim Number		Your reference	
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### **POLICYHOLDERS DETAILS**

Name					
Address					
			Post code		
Telephone Number					
Occupation/Business					
VAT registered	Yes/No				

### **EVENT**

Date & time					
Location					
State full details as to the cause of the loss/damage including when and by whom discovered					
Are you the sole owner of the property for which the claim is made?					
Have you previously made a property claim?		If yes, please provide details			
Was the property occupied at the time of the incident?		If no, please provide details			
Are any other Insurances in force?		If yes, please provide details			

### **POLICE DETAILS (if applicable)**

Name & address of police station incident report to					
Time & date reported					
Crime reference number					
Do the police suspect anyone?					

**Please submit the following documents with this form:**

**Buildings claims**

Detailed original estimates from tradesmen for the work necessary to repair the damage

**Claims for loss or damage to other property**

If the articles can be repaired – detailed original estimates from tradesmen for work necessary to repair damage

If the article is lost or damaged beyond repair – the original receipt for its purchase together with an estimate for the cost of its replacement

**DETAILS OF PROPERTY CLAIMED FOR**

Description of articles lost, damaged or destroyed	Date acquired	From where purchased	Original cost	Replacement cost	Amount claimed

**DATA PROTECTION ACT CONSENT**

By signing this Consent I/we consent the use of the information held about me/ us including personal data and sensitive personal data in connection with this claim and in connection with insurers' provision to me/ us of insurance cover under the policy relevant to this claim or otherwise.

I/ we consent to the processing and transfer by Insurers of personal data and of sensitive personal data about me/ us where this is necessary (for example criminal convictions).

I/ we consent to the provision of details to third parties involved in providing insurance cover. These third parties may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and regulatory authorities. I/ we acknowledge that this information may be disclosed to agents and insurers.

I/ we confirm that where I/we provide sensitive personal information which relates to anyone other than me/ us, I/ we must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information as set out above.

I /we understand that the information provided will be treated in confidence and, where relevant, in compliance with the Data Protection Act 1998. I/we understand that I /we may apply for a copy of my/our information (for which I/ we may be charged a small fee) and to have any inaccuracies corrected.

Signature		Name in block capitals	
Position in company		Date	

**DECLARATION**

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief, I/we authorise the Company to make such admissions on my/our behalf as it deems appropriate and I/we agree to render the Company all assistance in the investigation of the Claim. I/we further agree to provide such assistance as may be necessary in pursuing recovery of any outlay. I/we confirm that I/we have not withheld any material information within my/our knowledge that may affect the granting of indemnity under my/our policy.

Signature		Name in block capitals	
Position in company		Date	