

## CLAIM FORM

Please complete and return this form to:

Ref No.

ADDRESS STAMP OF ISSUING OFFICE

You can visit the cornhill website at [www.cornhill.co.uk](http://www.cornhill.co.uk)

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

No

Occupation

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 ref. if known

### PROPERTY

Are you the sole owner of the Property for which the claim is made? Yes

No

If **NO**, give details of interested parties

If applicable, please confirm how entry was gained to your premises

Were the premises occupied at the time of the occurrence? Yes

Yes

**NO**

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 Insurer? **YES**

YES

No

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**

YES

No

If **YES**, give particulars





