

Property Claim Form

Allianz Insurance plc | Claims



Ref No (Please insert)

Please complete and return this form to:

Address Stamp of Issuing Office

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

Policy Holder (Please insert)

Name of insured	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Occupation	<input type="text"/>	Tel. No Home	<input type="text"/>
Are you registered under the VAT regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Office <input type="text"/>
If Yes please give details	<input type="text"/>		

Event

Date and Time	<input type="text"/>	Place	<input type="text"/>
When and by whom discovered	<input type="text"/>		
State in full detail the cause of the loss or damage	<input type="text"/>		
In case 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			
<input type="text"/>			

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	<input type="text"/>	
If applicable, please confirm how entry was gained to your premises		
<input type="text"/>		
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?	<input type="text"/>	
State total value of Insured Property	Buildings £ <input type="text"/>	Contents £ <input type="text"/>
Have you previously made a Property claim against any Insurer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes , give particulars	<input type="text"/>	
Where 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	<input type="text"/>	

A Breakage of glass/mirrors

Important - Please attach estimate for Repair/Replacement

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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
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E Contents

1	2	3	4	5	6	7	8
Description of articles lost, damaged or destroyed	Date acquired	From whom obtained. Name and address	Original cost (Receipts wherever possible)	Replacement cost or cost of repairs (Where applicable)	Deduction for wear and tear (Where applicable)	Value of salvage	Amount claimed

Use separate sheets if necessary

I/we declare that the above is a full and accurate statement, and I/we therefore claim the sum of £ [REDACTED] 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 Company or the Appointed Adjusters.

Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Service Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all of the information we hold about them.

VERY IMPORTANT - FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I/We declare the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Signature of Insured

Date

