Household



CLAIM FORM

If you need any assistance in completion of this form, please contact the Claims Department on 0344 893 8360 or if you are calling from overseas call +44 (0) 020 3118 7777. Please complete and return this form to: Claims Department, 500 Avebury Boulevard, Milton Keynes, Buckinghamshire, MK9 2LA or by fax to 0344 893 8387 or email to claimsteam@homeandlegacy.co.uk

Work Tel. No	
Mobile No Email	
Are You Registered for VAT? YES NO Policy No. If your claim is accepted our preferred method of settlement is by way of elelike to use this payment method please provide your bank details Alternatively if you would prefer a cheque, to whom should it be made payal SECTION 2 – CIRCUMSTANCES OF LOSS/DAMAGE Please complete for all claims Date of Occurrence Time of Occurrence Where did the loss/damage occur? Was your home occupied? If NO, how long had it been unoccupied prior to the Loss? Have you suffered any other losses during the past 5 years? If YES please give details	
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If YES please give details	
	YES NO
Do you hold any other insurance which may cover this incident (e.g. travel insuran	
	ance)?
If YES please provide details as follows:	
Policy Number Tel. No	
Please state exactly how the incident occurred	

How was entry gained? (The	ft claims only)						
Reported to Police on							
Police Station Address	Police Station Address						
(Note: Claims for Accidental	Loss, Theft or M	alicious Damage	e MUST be repo	orted to Police)			
If a theft occurred from the Ir	sured Address:						
a) is the property let, lent or sub	olet?	YES	NO				
b) is the property protected by	a burglar alarm?	YES	NO				
If the answer to b) is YES, did t	he alarm operate	? YES	NO				
SECTION 4 - DETA	AILS OF C	LAIM					
Please submit the following doc	uments with this	form:					
Building claims: Detailed origin					0		
Claims for loss or damage to necessary to repair the damage							
an estimate for the cost of its re						logothor with	
Description of articles including	From whom	Date acquired	Original	Cost to replace	Value of salvage	Amount claimed	
make and model no.	obtained	Date acquired	purchase price	or repair	(if applicable)	Amount claimed	
					Total Claimed		
SECTION 5 - ADD	ITIONAL I	NFORMA'	TION				
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Please provide any other info				ndling of the cla	im or recovery/	pursuit	
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Please provide any other info				ndling of the cla	im or recovery/	pursuit	

DECLARATION

I understand that you may ask for information from other insurers to check the answers I have provided and that information may also be supplied to registers of lost or stolen property.

I declare that I was not aware at the start of the insurance or renewal of this insurance that this claim, the details of which are set out above, was likely to arise.

I declare that the above is a full and accurate statement, and I therefore wish to make a claim under the policy for loss or damage in respect of the circumstances described.

Damaged property will be protected from further deterioration and will not be disposed of until permission is given by Home and Legacy or the insurer or any loss adjusters appointed.

I agree to notify Home and Legacy immediately if any of the property mentioned in this claim is subsequently recovered, and at the option of the insurer to return the property or to refund the amount of money received by way of compensation under the policy.

Signature:			
Name:			
Date:			

Data Protection

The data you provide will be used to process your claim and may be passed to other organisations involved in processing your claim. for example to your insurer, loss adjusters or fraud detection and prevention agencies. This may include being sent, in confidence, for processing outside of the European Economic Area. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You may have the right to apply for details of the information we hold (for which we may charge a small fee). By signing this form you consent to such use of your personal data.

Claims and Underwriting Exchange

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 Limited. The information you supply on this form, together with relevant information you have supplied to us when arranging or renewing your insurance and other information relating to the claim will be provided to participants.

WWW.HOMEANDLEGACY.CO.UK

Home and Legacy takes online security very seriously. Use of our submission by email service may require you to send information to us over the internet that could be classed as sensitive information under the Data Protection Act 1998. You should ensure that your organisation has appropriate security systems in place to protect the information you are providing to us before submitting.

Home & Legacy Insurance Services Limited is a wholly owned subsidiary of Allianz Holdings plc, registered in England number 3007252, registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Home and Legacy Insurance Services Limited is authorised and regulated by the Financial Conduct Authority. Financial Services Register number 307523. A member of the British Insurance Brokers Association.

Calls may be recorded for our joint protection, training and/or monitoring purposes.



Save



