

Property Damage Claim Form



Policyholder's Details

| | | |
|--|------------|---------|
| Title | First Name | Surname |
| | | |
| Insurer | | |
| Policy No. | | |
| Address | | |
| | | |
| Postcode | | |
| | | |
| Telephone No. | Email | |
| | | |
| Is the Insured registered as a taxable person for VAT? | | YES/NO |

Details of Loss or Damage

| | |
|---|------|
| Date | Time |
| Place | |
| Cause of loss | |
| | |
| Describe what happened | |
| | |
| If applicable/known, what is the name and address of the person(s) responsible for the damage | |
| | |
| Has the incident been reported to the police? YES/NO | |
| <i>If Yes</i> | |
| Please give details of which police station | |
| | |
| Crime reference No. | |

DETAILS OF THE ITEMS/PROPERTY LOST OR DAMAGED

| Description | Date acquired | Owned leased or other | Cost to replace or repair |
|-------------|---------------|-----------------------|---------------------------|
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Receipts/estimates – please attach/forward

Total value of loss £

Are there any other insurance policies covering this loss?

YES/NO

If Yes

Details of insurance company and policy number

Extra notes on any of the above

DECLARATION

I/We declare that the particulars given in this form are true to the best of my/our knowledge and belief.

Signature and status of signatory

Date:

..... /..... /.....