Property Damage Report Form

towergate underwriting

Please complete all sections clearly

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| 1. Insureds Name | | | | | | | | | | |
|---|-----------|-------------|------------|----------|--------------------|-----------|-------|-----|---|----|
| 2. Policy Number | | | | 3. | Renewal Date | | | / | / | |
| 4. Name of person de | aling w | vith the cl | aim | | | | | | | |
| 5. Telephone Number | | | | | | | | | | |
| 6. Address | | | | | | | | | | |
| 7. Postcode | | | | | | | | | | |
| 8. Full Business Descri | ption | | | | | | | | | |
| 9. Are you VAT registe | ered? | Yes / | No | 10. If y | es, is full remise | sion obt | ained | Yes | / | No |
| 11. If only partial rem | ission is | s obtained | d, state p | percenta | ge recoverable | | | | | % |
| B. The Incident | | | | | | | | | | |
| 1. Date / / | 2. | Time | | 3. W | no discovered th | ne incide | ent | | | |
| 4. If known, state the name and address of person causing loss of damage | the | | | | | | | | | |
| 5. Address where the incident occurred | | | | | | | | | | |
| 6. Postcode | | | | | | | | | | |
| 7. Telephone number | | | | | | | | | | |
| 8. State fully what happened | | | | | | | | | | |

| C | 1 A | | | |
|---|-------|-----|----|--|
| | - 1/1 | /IT | no | |
| | | | | |

| Please provide full details of any witnesses | | | |
|---|-------------------------|-----------------|--|
| C. Theft | | | |
| 1. If a theft or malicious dar reported to the Police | nage claim, has it been | Yes / No | If yes, please provide the information below |
| 2. Officers Number | | 3. Crime Number | |
| 4. Station State whether items stolen/d | amaged helong to: | | |
| | | | |
| You, the insured | Yes / No | | |
| Employee(s) | Yes / No | | |
| On Hire | Yes / No | | |
| 5. If on hire, give hirers name and address, and enclose a copy of the conditions of hire | | | |
| 6. Has any other person any property? | interest in the insured | Yes / No | If yes, please provide the information below |
| 7. Give details of any other | | | |
| 7. Give details of any other insurance which covers this loss | | | |

D. Claim Details

Please estimate the total cost of loss or damage by completing the following schedule

| Description of Item | Details of Damage / Loss | Date Purchased / Incurred | Cost £ | Amount Claimed £ |
|---------------------|-----------------------------|------------------------------|--------|------------------|
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N.B. All damaged property must be retained for possible inspection and any original purchase invoices and estimates should be supplied.

D. Declaration

I/We declare that these particulars are true to the best of my/our knowledge

| Signature | |
|------------|--|
| Print Name | |
| Date | |

Claims Department Contact Details:

Towergate Underwriting Liability & Construction Towergate House, 20 Ellerbeck Court Stokesley North Yorkshire, TS9 5PT

Tel: **0845 070 1694** Fax: **0845 070 1690** E-mail: **TULaCClaims@towergate.co.uk**

