

BKG Use Only

BKG ref. _____	Computer Checked _____
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(PLEASE USE BLOCK CAPITALS AND DELETE WHERE APPLICABLE)

Name: _____ Policy Number: _____

Address: _____ Renewal Date: _____

Occupation: _____ Telephone No.: _____

Are you registered for VAT purposes? If yes, please provide VAT registration number: _____ VAT Reg. No.: _____

1) Please provide the following information about the loss / damage

(a) When did it happen? At _____ am/pm on _____ Where did it happen? _____

(b) How did it happen? _____

If the damage is to the building, please describe the extent of the damage: _____

2) Are you insured under any other policy for this loss? Yes / No If 'Yes' please provide Insurer's name: _____

3) Has anyone else a financial interest in the property (e.g. as owner or under a mortgage)? Yes / No If 'Yes' please provide details: _____

4) Have you ever before made a property claim on an insurer? Yes / No If 'Yes' please state

(a) Nature of claim _____

(b) Name of Insurers _____ (c) Amount Paid £ _____

5) In case of theft, please provide the following information about your premises:

(a) How were they entered? _____

(b) Were there any visible signs of a forced entry or exit to the building? _____

(c) Was the intruder alarm system in operation at the time of the incident and was the alarm system activated? _____

6) In case of theft, or loss or malicious damage, please state

(a) Address of Police station where you reported the incident _____

(b) Date and time incident was reported to Policy _____

(c) Crime Reference Number (obtain from Police) _____

INSTRUCTIONS TO BE OBSERVED

All damaged property must be protected from further deterioration and should not be disposed of until permission is given by the Company or the Loss Adjusters.

BUILDINGS: The claim form should be accompanied by a tradesman's original detailed estimate.

CONTENTS & STOCK A list of the articles destroyed, stolen or damaged should be detailed below. Please indicate if any item for which you are claiming, e.g. a television receiver, is on hire. It will help us to deal with your claim if you give us as much information as possible in respect of the lost, stolen or damaged item i.e. MAKE - MODEL - SERIAL NUMBER

Original Repair Estimates should be attached to the form where appropriate.

Description of property, stolen or damaged (including make and model)	Purchase date	Original purchase price	Estimated cost of purchase	Replacement cost if not repairable	Repair estimate / original invoices (delete as necessary)	Amount claimed
TOTALS					£	£

IMPORTANT DECLARATION

Please note that if you make a claim which is any way fraudulent, unfounded or exaggerated, or make a false declaration, all benefit under this policy will be forfeited.

I / We declare that all answers are true and complete. I / We hereby claim for the loss or damage as set out above. I / We understand that you may seek information from other insurers to check the answers I / We have provided.

Name (PLEASE PRINT)	_____
Position (PLEASE PRINT)	_____
Signature	_____
Date	_____

CLAIMS & 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. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.