

Property Damage/All Risks Claim Form/Accident Report Form

Dear Policyholder,

We have received your Notification. Please complete this form fully and return it to the Company as soon as possible.

Please note that the issue of this form is not an admission of liability on the part of the Company.

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services 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.

1 Insured

Name: _____

Policy No. _____

Address: _____

Postcode: _____

Business or Occupation _____
 (incl. part-time occupations)

Are you registered for VAT? Yes No

Phone No. Home: _____ Work: _____

Email: _____

2 Circumstances

Date and Time of incident: _____

Address where damage/loss/theft or accident occurred: _____

Were the premises occupied at time of loss? Yes No

If 'No' when were they last occupied?

Please describe the full circumstances of the incident, including the exact cause of damage or injury:

Please give name and address of police station notified of the loss, theft, damage or injury:

Name and Address of anyone injured:

3 Property

Are you the sole owner of all the property being claimed for? Yes No

If 'No' give details: _____

At the time of loss, what do you estimate was the total value of:

(i) The building(s) £ _____ (ii) The content(s) £ _____

Are there any other insurances on the same property? Yes No

If 'Yes' give details: _____

Please give details of property claims made against any insurance company in the last five years:

Full details of the property lost, stolen and/or damaged should be set out on the schedule overleaf.

