

Claim No.

Deterioration of stock

Policyholder Details

Name

Policy no.

Address

Date premium paid

Telephone no. Home

Business

Postcode

VAT Registration no.

(If not registered, state 'none')

Circumstances of Loss

Premises where loss occurred

Date and time of breakdown

Give full details of cause of loss

Deep-Freeze Unit

Type

Maker's name

Maker's no.

Date of make

Name and address or repairer

What steps, if any, have you taken to prevent a recurrence?

Is Deep-Freeze Unit under a maker's guarantee?

Is there a maintenance or service agreement in force?

If so, with whom



NFU Mutual

Loss of Goods

Total value of goods in Deep-Freeze Unit

Name of any other insurers covering this loss

Contribution

Some of the information which you give us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to apy a contribution to this claim, A contribution payment is normal practice where to two or more policies cover the same thing. If another company contributed to your claim with us, it should not affect any no claim discounts you may have with them.

Declaration

I/We the undersigned, declare that to the best of my/our knowledge and belief the information given in this claim form, which I/we have read over and checked, is true and complete.

I/We understand that, in order to prevent fraud, you may share information about me/us and this incident with other organisations and public bodies including police.

Signature of Policyholder

Date

Damage Goods

Description	Quantity	Cost price	Value of salvage	Net Loss
	Totals			

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