

C/-	B/-	AR
AD Yes No	AD Yes No	
X/S £	X/S £	X/S £

PROPERTY INSURANCE CLAIM REPORT FORM

SECTION 1 - INSURED

Insured's Name: _____ Policy Number: _____

Address:
(In full)

Tel Number: _____ Email: _____

Date Premium Paid: DD / MM / YY Occupation: _____

Have you or any member of your family or any person living with you; Yes No

- a) made a claim under any insurance policy, or suffered any loss or damage, in the last five years?
- b) ever been convicted of any offence involving dishonesty, fraud, violence, criminal damage, arson?

If 'Yes', please provide details:

SECTION 2 - THE INCIDENT

Date and time of loss: DD / MM / YY HH : MM ^{AM PM}

Address at which loss or damage occurred:

When and by whom discovered?

Date and time loss reported to police: DD / MM / YY HH : MM ^{AM PM}

Yes No

Were the premises occupied at the time of loss? _____ If 'No', when were they last occupied? DD / MM / YY

Is the property lent, let or sublet?

State exactly how the loss or damage occurred - (continue of separate sheet if necessary):

Yes No

Is there any other insurance in force in respect of this loss?

If 'Yes', please give details as follows:

Insurer:

Policy No:

SECTION 3 - TO BE COMPLETED IN THE EVENT OF BURGLARY/THEFT/MALICIOUS DAMAGE

IMPORTANT: All losses by theft, burglary, housebreaking or malicious damage must be reported to the Police immediately

How was entry gained?

Yes No

Were there any visible signs of a forced entry into the building?

If 'Yes', please provide details:

Date and time incident reported to the Police: DD / MM / YY HH : MM AM PM

Crime reference number, if known:

Yes No

Was an intruder alarm system in operation at the time of the incident?

If 'Yes' was the alarm activated?

THEFT OF BICYCLES

Was the bicycle securely locked at the time of theft?

SECTION 4 - DETAILS OF CLAIM - Continue on a separate sheet if necessary

Description of property lost stolen or damaged (Inc. make & model)	Date of purchase	Original purchase price	Estimated cost of repair	Replacement cost if not repairable	Repair estimate/ original invoices	Amount claimed
	DD / MM / YY				Attached To follow	
	DD / MM / YY				Attached To follow	
	DD / MM / YY				Attached To follow	
	DD / MM / YY				Attached To follow	
	DD / MM / YY				Attached To follow	
	DD / MM / YY				Attached To follow	
	DD / MM / YY				Attached To follow	

Yes No

Are all of the above items owned by you, or members of your family permanently residing with you?

If 'No', who does the property belong to:

SECTION 5 - DECLARATION

- I/We declare that the above statements are true and correct to the best of my/our knowledge and belief.
- I/We have not withheld from the Insurer any information within my/our knowledge connected with this claim.
- I/We warrant that all the information given herein is true and without exaggeration.
- I/We agree to provide the Insurers with any further information or documentation as may be reasonably required.
- I/We declare that the property which belongs to me/us that the property is not insured elsewhere except as stated.

Signature: _____

Date: _____