

Claim No.

# Theft Report form

As an NFU Mutual Policyholder we promise you a courteous, swift and efficient claims service. Whilst we cannot change the fact that a theft has occurred we will do our utmost to make sure that you receive the very best service and attention to help in some way to reduce the stress and inconvenience.

This document has been designed to make it easy for you to provide us with all the information that we need to enable us to deal with your claim. You should complete this form fully in BLOCK LETTERS in ink. Tick the boxes provided to indicate YES or NO. All other questions require detailed answers and failure to provide ALL information will delay the handling of your claim. The completed form should then be returned to your insurance advisor or direct to us.

## IMPORTANT

It is our policy to thoroughly investigate all theft claims and we may need to arrange an interview with you to obtain further information.

## 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 pay a contribution to this claim. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributes to your claim with us, it should not affect any no claim discounts you may have with them.

## WARNING

Insurers and their agents exchange information with each other. Please refer to your policyholders information sheet sent at inception or renewal of your policy and the important warning at the top of the claim form. We may also refer certain items to recovery registers.

If any aspect of a claim is fraudulent no payment will be made. The policy will be cancelled and the matter will be referred to the police for criminal investigation.

## WHAT TO DO NOW

- It is a policy condition that the police must be informed of any theft or attempted theft (ask for the crime reference number).
- In an emergency phone our 24 hour Domestic Emergency Helpline on **0800 282652**
- Carry out emergency repairs which are needed to protect/secure your property or to prevent further damage. Retain invoices for emergency repairs.
- Most policies provide replacement cost cover without deduction for depreciation. There are some items e.g. clothing, linen, pedal cycles where a deduction is made for depreciation. In such cases please complete the column in section 4.
- If any item has been damaged during the theft but can be repaired, obtain an estimate and send it to us along with the attached claim form. Please note that a photocopy of the estimate is not acceptable.
- If the item cannot be repaired please send us the following with the attached completed claim form as this will help us settle your claim more quickly.
  1. the original purchase receipt (if you have it)
  2. two quotations for replacement of the article
  3. written confirmation from the repairer that the article is damaged beyond repair.
- Please do not replace any items until you have our agreement to do so.
- Please do not dispose of any damaged property as we may wish to inspect it.
- Complete the attached form and send it to your insurance advisor or direct to us.
- We may require security improvements to your home. In order that your security meets our specifications, please do not install additional protections or an alarm system without our approval.

*continued overleaf*



**NFU Mutual**

## **HOW TO COMPLETE THE ATTACHED FORM**

1. Please complete all relevant sections of the form, fully and clearly in BLOCK CAPITALS.
2. If you require any advice or assistance in completing the form please contact your insurance advisor.
3. Please remember to sign the Declaration at the end of the form.

**Keep these notes to help you with your claim.**

## **WHAT WILL NFU MUTUAL DO NOW?**

We operate a UK wide repair and replacement service for certain goods. Where possible these services will be used for your claim. The goods will be delivered to your home in most cases within 3 days of instruction from us and will have the usual guarantees.

Claim No.

# Theft claim form

## Warning

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. 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.

## Section 1 Your Details Policyholder

Name

Address

Postcode

Policy no.

Date premium paid

Telephone no: Home

Business

Occupation

V.A.T. Registration no.

(if not registered, state "none")

Are you within the Agricultural flat rate VAT Scheme? Yes

No

If 'yes', when did you register?

## Section 2 Details How, when and where loss occurred

Date and time of loss

Address at which loss occurred

State exactly from which part of the address the loss occurred e.g. home, garden, shed, garage

How was entry gained?

Were there any visible signs of a forced entry into a building? e.g. door or window forced Yes

No

If 'yes' please provide details

What security precautions were in operation at the time? Please list below e.g. windows & doors locked

When and by whom was loss discovered?

Was your home unoccupied at the time of the loss? Yes

No

If 'yes' when was the last date the home was occupied and by whom?

Was your home fully furnished at the time of the loss? Yes

No

If 'no' when was the last date your home was fully furnished?

Address of Police Station where you reported the incident

Date and time loss reported

Crime Reference No. (Obtain from Police)

Has the person(s) responsible been identified? Yes

No

If 'yes' give name(s) and address(es)

### Section 3 Other information

Do the items lost belong to you, or members of your family who permanently reside with you? Yes  No

If 'no', and a claim is being made for the property, to whom does the property belong?

Are there any other insurances in force against theft upon the same property? Yes  No

If 'yes' please give details of the Insurer and policy number

Have you or has any family member residing with you:

- suffered any other losses within the last 3 years? Yes  No

If 'yes' please give details

- been convicted of any criminal offence involving arson or any offence involving dishonesty of any kind, eg. fraud, theft or handling of stolen goods? Yes  No

If 'yes' please give details (impending proceedings must also be disclosed)

At the time of loss what was the full replacement value of the contents of your house? £

### Section 4 Details of Claim

- If there is insufficient space please attach an additional list completed under the same headings.
- Most policies provide replacement cost cover without deductions for depreciation. Please refer to the notes on how to complete the form for help.

Please complete all applicable columns - we will deal with your claim in accordance with the cover given by your policy.

Description of property lost or damaged (including make, model & serial numbers)	Date of purchase and price paid	Replacement cost	Estimated cost of repair (if applicable)	Deduction for depreciation (if applicable)	Amount claimed
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
	£	£	£	£	£
<b>Total amount claimed</b>					£ <input type="text"/>

### Section 5 Declaration

I/We have read the warning at the top of the claim form. I/We understand that you may seek information from other insurers to check the answers I/we have provided. 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 the police.

Signature of Policyholder  Date