

All Risks/Loss Claim Form



10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester GL2 4NZ
Telephone: 01452 361602 or 361649 Facsimile: 01452 361604

- When completing this form, please tick the appropriate boxes and answer all questions using **BLOCK CAPITALS**.

1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Please state the number of bedrooms (include all rooms designated as bedrooms even if not used as such)

2 Circumstances of the Claim

a Date (dd/mm/yyyy) <input type="text"/> Time <input type="text"/> am/pm	h What steps have been taken to recover the property? <input type="text"/> <input type="text"/> <input type="text"/>
b Where did the loss/damage occurred <input type="text"/> <input type="text"/>	i In whose custody was the property at the time of loss/damage? <input type="text"/> <input type="text"/> <input type="text"/>
c Describe fully how the loss/damage occurred <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	j Has a formal claim been made against the person(s) in charge of property at time of loss/damage? Yes <input type="checkbox"/> No <input type="checkbox"/> Date of claim (dd/mm/yyyy) <input type="text"/>
d Where and when was the property last seen? <input type="text"/> <input type="text"/>	k Was any other person(s) responsible for loss/damage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, say why <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e Who was last to see the property? <input type="text"/>	
f Were the police notified? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, address of station <input type="text"/> <input type="text"/>	
g Date of notification to police <input type="text"/> Police Crime Reference No <input type="text"/>	

2 Circumstances of the Claim *continued*

l Name and address of person(s) responsible

m If they are Insured against causing this incident state their Insurers name, address and policy number

3 General Information (where applicable)

a Is there any other policy in force providing cover for this incident?

Yes No

If **yes**, give details to include Insurers name/address and policy number

b Have you ever suffered similar loss/damage?

Yes No

If **yes**, give details and whether a claim was made on Insurers

List/Description of Article(s) or Property destroyed/damaged	Extent of damage	Owner of Article(s) or Property	Where acquired (Name/address of retailer etc. or in the case of gift, the giver)	Date of Acquisition (dd/mm/yyyy)	Cost Price	Replacement Cost	Value at the time of damage allowing for wear and tear where applicable	Salvage value (value, if any, after claim)	Sum Claimed

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/we understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

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.

Signature

Date (dd/mm/yyyy)

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.

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