
COUNTY CLAIM FORM

Claim Number: _____ Policy Number: _____

Name of Insured: _____

Address: _____ Postcode: _____

Occupation: _____ Home Tel No: _____ Day Tel No: _____

Mobile Tel No: _____ Email Address: _____

Address where incident occurred (if different from above): _____

Post Code: _____

Date of Loss or Damage: _____ Time: _____ AM/PM

How did the loss or damage occur? _____

Were the premises unoccupied at the time of loss? yes/no If yes, date last occupied _____

Is the property insured under any other policy? yes/no If yes, give details _____

Is the property alarmed? yes/no If yes, make of alarm _____

Was the alarm active at the time of the incident? yes/no

Is there a maintenance agreement in force yes/no If yes, name of contractor _____

Are you the sole owner of lost, damaged or, destroyed property? yes/no If no, give details _____

If tenanted property, are you responsible for repair

Of damage under the terms of

The tenancy agreement? Yes/no

PLEASE COMPLETE THIS SECTION IF CLAIM IS FOR THEFT, LOSS, OR, MALICIOUS DAMAGE

Name of person who discovered the incident: _____

Date property was last seen: _____ Time: _____ AM/PM

Date the police were notified: _____ Time: _____ AM/PM

Address of police station: _____

Crime reference no: _____

Have any other steps been taken to recover the property? _____

PLEASE COMPLETE THIS SECTION FOR PERSONAL INJURY, OR, DAMAGE TO PROPERTY OF OTHERS

Full name of person concerned: _____

Address: _____

Details of injury/damage: _____

How caused: _____

PLEASE COMPLETE AND SIGN DECLARATION OVERLEAF

DETAILS OF CLAIM

ARE YOU REGISTERED FOR VAT? YES/NO

Description of property loss, destroyed, or damaged	When purchased and type of payment (i.e. Access, Visa, Cash, Etc)	Cost price	Estimated cost of repair, or, replacement (if repair is not possible)	Allowance for depreciation (wear & tear) If applicable	Net amount of claim

PLEASE PROVIDE TWO WRITTEN PROFESSIONAL ESTIMATES FOR REPAIR/REPLACEMENT WHERE APPLICABLE

WARNING – FRAUD:

A fraudulent claim will result in the loss of all policy benefits and may lead to the institution of criminal proceedings.

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes 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.

DECLARATION

I/We hereby claim for loss by destruction, or, damage, or, injury and declare that all information on this claim is true to the best of my/our knowledge or, belief.

Signature of Policyholder: _____

Date: _____

Tel: 01865 290922 Fax: 01865 841147 e-mail schemes@county-insurance.co.uk

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