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Regulated and authorised by Financial Services Authority 144673

Photo insurance claim form

Claim Number _____ Policy
Number _____
Name of
Insured _____
Address _____

Postcode _____

Occupation: _____ Home Tel No _____ Day Tel
No _____
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 _____
Are you the sole owner of lost, damaged or, destroyed property? yes/no If no, give
details _____

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: _____