

# Property Claim Form (Damage)



Personal Details	
Full Name:	
Policy/Membership Number:	
Occupation (including part-time):	
Postal Address:	
Daytime Telephone Number:	
Email:	
Loss or Theft	
Address where loss, or theft occurred:	
Date and Time of Incident:	
Full details of Incident:	
Please provide the name and address of your household insurers, policy number and details of any other insurance policies which might cover this loss:	
Have you had any previous losses under this or other similar insurance policies? If so, please give details:	
State the nature of your interest in the property claimed for, eg. owner, hirer, trustee, etc:	
Please provide the names and addresses of any witnesses:	

Particulars of Claim						
Description of Property	Date Purchased	Price Paid	Cost to repair	Cost to replace as new	Amount Claimed	Office Use Only
<b>Total Amount Claimed:</b>						

In most circumstances, we will arrange contact with our retail partners to replace the equipment. Please note that all settlements will be based on values provided by our retail partner.

**If an item is beyond repair, please attach written confirmation from the relevant professional**

**IN ACCORDANCE WITH POLICY CONDITIONS, PLEASE ATTACH RELEVANT PROOF OF PURCHASE FOR EACH ITEM TO SUPPORT YOUR CLAIM –**

**i.e. an original sales purchase or till receipt; an original valuation undertaken prior to any loss or damage from the place of purchase or origin or a Bank or Credit Card Statement showing evidence of purchase**

**It is necessary that great care should be taken in the completion of this form and the information you give should be strictly accurate irrespective of whether it is in your favour.**

**Persons found to have lodged a fraudulent claim are liable for prosecution.**

The issue and acceptance of this form does not constitute an admission of liability by Underwriters.

I/We declare that the above statement and facts are to the best of my/our knowledge true, and that I/We have not withheld from the Company any information within my/our knowledge connected with this claim.

<b>Signature of Claimant:</b>		<b>Date:</b>	
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Forward to: Woodgate & Clark Ltd  
 The Red House, King Street,  
 West Malling Kent ME19 6QT

**WE MUST RECEIVE THE COMPLETED CLAIM FORM WITHIN 30 DAYS OF THE EVENT**

Failure to do so may prejudice your claim