

# Property Claim Form (Damage)



Please return the completed form to: [shooting@woodgate-clark.co.uk](mailto:shooting@woodgate-clark.co.uk)

Personal Details	
Full Name:	
Policy/Membership Number:	
Occupation (including part-time):	
Postal Address:	
Daytime Telephone Number:	
Email:	
Loss or Theft	
Address where the damage 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 damage:	
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
Total Amount Claimed:						

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.

Signature of Claimant:		Date:	
------------------------	--	-------	--

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