



	Personal Details
Full Name:	
Policy/Membership Number:	
Occupation (including part-time):	
Postal Address:	
Daytime Telephone Number:	
Email:	
	Loss or Damage
Address where accident occurred:	
Date and Time of Incident:	
Please provide the name and address of your household insurers, policy number and details of any other insurance policies that might cover this loss.	
Have you had any previous losses under this or other similar insurance policies? If so, please give details.	
Please provide the name and address of the owner of the damaged property or injured person(s).	
Please provide names and addresses of any witnesses.	
Do you consider yourself liable? If Yes, explain why. If No, who do you consider to blame and why?	

Details of Incident (please include diagram where appropriate)					
	Total Amount Claimed/ Indication	n of Costs:			
Please attach any correspondence you may have received from the Third party or any other party including their legal representative. 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. You should not make any payment, offer or promise of any payment or admit liability in any way, as by doing so you may prejudice your position and					
forfeit the benefits afforded in the terms of your policy.					
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 42 Kings Hill Avenue, Kings Hill, West Malling Kent ME19 4AJ

WE MUST RECEIVE THE COMPLETED CLAIM FORM WITHIN 28 DAYS OF THE EVENT