

# PROPERTY CLAIM FORM

<b>Policy Holders details</b>	
Name	
Address	
Occupation	
Tel No	
Are you VAT registered? YES/ NO	Can you recover VAT for claim? YES/NO

<b>Date of occurrence</b>	Time	am/pm
Name and address of person who discovered loss/damage		
Date lost/damaged property last seen	Time	am/pm

<b>Location of occurrence</b>
Please state name and address of location where the loss or damage occurred
Name
Address
Tel No (if applicable)

<b>To be completed for all claims of loss, theft, fire or malicious damage</b>		
Name and address of station notified		
Date	Time	am/pm
Crime/fire reference number		
Reporting officers name and number		
If theft, was there forcible and violent entry to or exit from premises? YES/NO		
Please give details		

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<b>Details of circumstances</b>
Please state how the loss or damage was caused e.g. Theft, accident etc.
If fire cause of outbreak.
Please describe fully the circumstances of this occurrence and give name(s) and addresses of any witnesses or persons having knowledge of the circumstances.
Do you hold anybody to blame or suspect any person of being responsible for this occurrence? YES/NO
If YES, please give their name and address, vehicle registration number, if applicable, and state why.

<b>Details of property lost or damaged – please continue on separate sheet of paper if necessary</b>						
Description of articles Including make and model number	Date of purchase	Original purchase price	Estimated cost of repair replacement	Estimated value at the time of occurrence	Salvage value	Amount claimed

<b>Declaration</b>
I/we declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount stated above in respect of the items mentioned.
<b>Signed</b>
<b>Print Name</b>
<b>Position (if signing on behalf of a business)</b>
<b>Date</b>