

ACCIDENT CLAIMS ADVICE _____ [Fire - Household - Theft - All Risks]

1. This form should be completed and returned to the Company immediately.
 2. The form should be completed with care, as the Policy is voidable if any claim is fraudulent or deliberately exaggerated.
 3. Sections 1, 2 and 7 on this form must be fully completed, the remainder only where applicable.
 4. Receipts, invoices and any other satisfactory evidence must be produced to prove the loss amount.
 5. All claims must be based on actual value of the articles involved.
 6. In the case of stock, the value is not the selling but the cost price less trade or cash discounts.
 7. Any property lost or stolen must be reported to the Police.
 8. If any property/articles can be repaired, competitive estimates should be sent with this form.
- N.B. Full answers are required for all sections completed i.e. dashes, ticks etc. are insufficient.

1. INSURED

Name		
Address		
Tel. No.		
Occupation		
Policy No		
Claim No		
Date Premium Paid		
Address where loss/damage occurred		
Give details of any other interested parties (Banks/Mortgage, etc.)		
Are the premises let, lent, or sub-let in whole or in part, if so to whom?		

2. OCCURRENCE

DATE/TIME of occurrence	
Describe what happened.	
Do you blame anyone for the loss, if so who and why?	
(Complete section below 3, 4, 5 and 6 where applicable)	

3. DAMAGE

On Buildings :- Extent of damage/loss (If you are liable for decorations or repairs to the building, please attach tenancy agreement to this effect.)	
On Contents :- If you are not the sole owner of the items claimed below, give details of owner.	

Approximate value of total contents in your premises at the time of loss.	
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4. THEFT AND ALL RISKS

When and by whom was loss discovered?	
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When and where was the property/articles last seen and known to be in your possession?	
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Give names and addresses of witnesses to the discovery of the loss.	
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When and to which police station was loss notified?	
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(Complete remainder of this section only if theft has occurred)

How was entry effected?	
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What evidence is there that theft has actually occurred?	
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By whom were the premises occupied at the time of entry?	
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If not, on what date and up to which hour it was last occupied?	
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Are the premises fitted with any alarms, special locks, etc? If so, give details.	
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Were they in operation at the time of entry?	
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5. OTHER LOSS OR DAMAGE

Give details of previous loss/ (es) by fire, theft, burglary or larceny, if any.	
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6. OTHER INSURANCES

Give details of all other insurance policies, which cover this loss/damage, if any.	
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The undersigned certifies that the foregoing particulars are true.

Signature and Seal of Policy Holder

Date

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Building. Give a Tradesman’s Estimate, obtained at Insured’s expense, of the cost of putting the Building into the same state without any improvements as it was in immediately before the damage.

Contents. Give a full list of the articles destroyed or damaged, with the particulars set out below.

Stock. The “estimated value immediately before the damage” (Column 5) must be based on net cost price.

(1)	(2)	(3)	(4)	(5)	(6)	(7)
Serial Number	Description of Property destroyed or damaged	Date of Purchase	Original Cost Price	Estimated Value immediately before the damage, allowing for “wear and tear”	Estimated Value after the damage	Amount claimed i.e. the difference between(5)& (6)