

SCHOFIELDS

INSURANCE BROKER

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PROPERTY LOSS OR DAMAGE CLAIM FORM

	PLEASE ANSWER ALL QUESTIONS FULLY AND RETURN FORM WITHIN SEVEN DAYS OF RECEIPT.
INSURED	Insured: _____ Name to contact: _____
	Correspondence Address: _____
	Business or Occupation: _____ Tel No: _____
	Policy No: _____ Is there any other insurance in force covering the loss? Are you registered or liable to register for VAT _____ VAT No: _____
DATE OF LOSS (ETC)	Date of loss and time Place where loss occurred Describe fully how the loss or damage occurred: Have you ever suffered similar loss or damage? If so give particulars i.e. dates, circumstances and costs
	Type of premises involved Were the premises occupied? -If not, when were they last occupied? Are you the sole occupier of the premises? -If not, name the other occupants? Are you: (A) the owner of the property? (B) responsible for repairs to the property? Who do you consider was responsible for the incident?
ALSO TO BE COMPLETED IN CASE OF BURGLARY OR LOSS	When and where was the property last seen?
	In whose custody was the property at time of loss?
	When and by whom was the loss discovered?
	When was the matter reported to the police? At which station?
	Have the police made any arrest or recovery? What other steps have you taken to trace the property? If no forcible entry – what evidence is there of theft?
	PLEASE PROVIDE STATEMENT OF CLAIM OVERLEAF

Note – The amount to be claimed on any article is limited in accordance with the basis of the insurance as defined in the policy. Full allowance must also be made for the value of salvage, if any. The amount of damage, if any, should be stated and an estimate for the repair forwarded soon as possible. All damaged articles must be retained for the company’s inspection. A copy of any letters holding other parties responsible for the loss or damage must be sent to the company.

Full description of the article	Owner	From whom purchased or received (name & address) Receipts or vouchers should be attached	Date purchased or received	Price paid	Deduction for wear & tear and depreciation (if applicable)	Value of salvage (if any)	Cost of repairs	Net Amount Claimed

I declare that all statements made on this form are true to the best of my knowledge and that articles and property described above belong to the persons named, no other person having interest therein, whether as Owner, Mortgagee, Trustee, or otherwise.

TOTAL _____

Date..... Signature if the policyholder is a company or firm the designation of the person signing must be given.

NOTE – THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM

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