

PROPERTY CLAIM FORM

INSURED

- 1. Full Name including Trading Name:
- 2. Address:
..... Post Code:
- 3. Policy Number: Claim Reference No:
- Tel No: Email Address :
- 4. Business or Occupation:
- 5. Are you VAT registered: **YES/NO**

THE EVENT

- 6. On what date and time did the loss/damage take place?
- 7. On what date and time was the loss/damage discovered?
- 8. Who discovered the loss/damage?
- 9. If known, state the name and address of the person(s) who caused the loss/damage:
.....
..... Post Code:
- 10. Address where the loss/damage took place:
..... Post Code:
- 11. State rooms or affected area:
- 12. State fully what happened:
.....
.....
- 13. Were the premises occupied at the time of loss/damage? **YES/NO**
If **NO** state date and time they were last occupied:
Date: Time:
- *14. If the claim is for damage caused by the escape of water:-
 - a) If unoccupied was the water turned off at the main stopcock? **YES/NO**
 - b) Was the heating system set at the time of loss, **YES/NO**
and if so what were settings?
 - c) Are all water pipes and tanks insulated/lined? **YES/NO**
 - d) If the property does not have a central heating system, how was the property heated?
.....

* These questions are relevant to water damage claims occurring between the 1st November and the 31st March.

15. If the claim is for theft/burglary/break in:-

a) Are the premises protected by an Intruder Alarm? **YES/NO**

b) Did the Intruder Alarm operate? **YES/NO**

c) How was entry gained?

d) If an illegal entry was made, which windows or doors were forced?
.....

e) Were the Police advised? **YES/NO**

If **YES** state the Police Station, the Officer's name and number and the crime reference number:

Station: Officer's Name/Number :

CRN:

THE PROPERTY LOST OR DAMAGED

19. Are you the owner? **YES/NO**

If **NO** state the name and address of the owner:

.....
.....

20. Give name(s) of any other party having an interest in the property:
.....
.....

21. Are there any other insurance's on the property? **YES/NO**

If **YES** provide details including name, addresses and policy numbers of other Insurers :

22. State the nature of the occupancy of the premises:

23. Have you ever before made a claim of this nature on any insurance policy? **YES/NO**

If **YES** give details:

Nature of claim:

Date of loss/damage: Insurers:

Amount paid: £

DECLARATION

I/We declare that to the best of my/our knowledge and belief the above is a full and accurate statement and I/We therefore claim the sum of £

Signature of Policyholder(s): Date:

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

PLEASE PROVIDE STATEMENT OF CLAIM OVERLEAF

Policy Claims conditions applicable to the Insurance

Your Duties

In the event of a claim or possible claim under this insurance

- **you** must notify Adjusting Associates within 30 days of discovery giving full details of what has happened.
- **you** must provide Adjusting Associates with written details of what has happened within 30 days of **you** notifying **us** and provide any other information **they** may reasonably require.
- **you** must immediately forward to Adjusting Associates, if a claim for liability is made against **you**, any letter, claim, writ, summons or other legal document **you** receive.
- **you** must not admit liability or offer or agree to settle any claim without **our** written permission.
- **you** must inform the Police as soon as reasonably possible following malicious acts, violent disorder, riots or civil commotion, theft, attempted theft or lost property.
- **you** must take all reasonable care to limit any loss, damage or injury.
- **you** must provide **us** with reasonable evidence of value or age (or both) for all items involved in a claim.
- **you** must not abandon any property to **us** without **our** written consent.

If **you** fail to comply with any of the above duties this insurance may become invalid.

Please return this form to the claim handlers at:

Adjusting Associates LLP, Ground Floor, Units 1 & 2 Magden Court, Llantrisant, CF72 8XT

Should you have any queries regarding the completion of this form, please contact Adjusting Associates on Tel: 01443 229513

Schofield's Ltd/Underwriting Agencies is authorised and regulated by the Financial Conduct Authority.

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.