

## PROPERTY CLAIM FORM

### 1. Policyholder

Name: (Mr/Mrs/Miss)			
Occupation:		Policy no:	
Address and postcode:			

Policy/certificate no:			
Are you registered under the VAT regulations?		Y	N

Daytime tel number:		Mobile number:	
Email address:			

### 2. Event

Date and time:		Place:	
When and by whom discovered?			

**State in full detail the cause of the loss or damage:**

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In cases of theft, loss or malicious act, the Police must be informed promptly. State the below if known:

Date police advised:		Crime ref number:	
Name of police station:			

### 3. Property

Are you the sole owner of the property for which the claim is made?		Y	N
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If 'No', give details of interested parties:

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Were the premises occupied at the time of the occurrence?		Y	N
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If 'No', on what date and hour were they last occupied?

<b>State total value of insured property:</b>	Buildings:	£	Contents:	£
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Have you previously made a property claim against any insurer?		Y	N
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If 'Yes', give particulars:

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Were there at the time of the occurrence any other insurances in force on the said property, whether effected by you or by any other person?		Y	N
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If 'Yes', give particulars:

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If you wish to include further information regarding your property please attach additional sheets to form

#### 4. Buildings

Specify separately each room or building damaged or destroyed	Age of building or damaged fixtures/fitings	Date when last decorated	Amount of estimate (Please attach repair or replacement estimate)	Deduction for previous depreciation, alteration or improvements	Net amount claimed

#### 5. Contents

Description of articles lost, damaged or destroyed	Date acquired	From whom obtained. Name and address	Original cost (Receipts wherever possible)	Replacement cost or cost of repairs (Where applicable)	Deduction for wear and tear (Where applicable)	Value of salvage	Amount claimed

## 6. Payment Details

**Insurers preferred method of settlement is Electronic Fund Transfer which allows any payment to be transferred into your account. Please supply us with the following details of your bank account:**

Bank account name:			
Branch sort code:		Bank account number:	

## 7. Declaration

I/We declare that the above is a full and accurate statement, and I/We therefore claim the sum of £..... as the amount due to me/us in respect of the loss of or damage to the property detailed.

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters. Insurers and their agents share information with each other to prevent fraudulent claims and for the underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants. Information may also be supplied to registers of lost or stolen property.

Signature:		Name of signatory:	
Title/Position:		Date:	

**The completed form should be returned to:**

Chiltern House, 181 Bristol Avenue, Bispham, Blackpool, Lancashire, FY2 0FP

Tel: 01253 594 211      Fax: 01253 500 473

Email: [mail@rowlands-hames.co.uk](mailto:mail@rowlands-hames.co.uk)      [www.rowlands-hames.co.uk](http://www.rowlands-hames.co.uk)

