

PROPERTY CLAIM FORM



How we can help you. Please read carefully:

We give claims our greatest possible care and deal with them as fully as possible - because we know that these things are important to you when you submit a claim. Our advanced systems make the procedures as fast as possible but, sometimes, claims are delayed by incomplete information. Please help us to help you by:

- ensuring **every** question is answered
- making **sure** that the information you give is clear and as complete as possible
- remembering to **sign and date** this form and making sure **documentary evidence is enclosed** to support the amount(s) claimed e.g. purchase receipt(s), estimate(s), valuation(s), or invoice(s)

In the event of a claim please:

- **telephone your Insurance Advisor immediately if serious damage to, or loss from, your property has occurred**
- complete **all** sections of this form, providing any information on a separate sheet
- **retain all damaged items as we may wish to inspect them**
- telephone your Insurance Advisor if you need assistance to complete this form
- send at least **two competitive estimates/quotations for all items**. You need not send documentation for items for which £30 or less is claimed

SECTION 1: DETAILS OF THE POLICYHOLDER(S) AND POLICY

1a) Full name(s) of Policyholder <input type="text"/>	b) Occupation <input type="text"/>
c) Address <input type="text"/>	d) Telephone Numbers (Daytime 9am - 5pm) <input type="text"/> Evening (after 5pm) <input type="text"/>
f) Are you VAT registered? Yes <input type="checkbox"/> No <input type="checkbox"/>	e) Policy Number <input type="text"/>
	If yes, what proportion can you recover on the items subject to this claim? <input type="text"/> %

SECTION 2: CIRCUMSTANCES OF THE INCIDENT

2a) When was the incident? <input type="text"/>	b) Who discovered the loss/damage? <input type="text"/>
c) Location of incident (if different from the address above) <input type="text"/>	d) How did the incident occur? Please state fully the cause and circumstances leading up to and surrounding the incident and its discovery <input type="text"/>
e) If you are claiming for a theft from a building how and where entry was made? <input type="text"/>	f) Were there any signs of forced entry to the building? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", please provide details <input type="text"/>
g) Please provide details of others with knowledge of the circumstances. <input type="text"/>	h) If you know or suspect the person responsible for the damage, please give details <input type="text"/>

SECTION 3: POLICE DETAILS

COMPLETE THIS SECTION IF YOUR CLAIM IS FOR: **THEFT, ACCIDENTAL LOSS, MALICIOUS DAMAGE OR RIOT**. These events **must** be reported to the Police immediately.

3a) Address of Police Station <input type="text"/>	b) Date and Time incident reported to Police <input type="text"/> / <input type="text"/> / <input type="text"/> am/pm
	c) Crime/Police Reference Number <input type="text"/>

SECTION 4: GENERAL INFORMATION

4a) Is the Property owned by you? Yes No
 If "No", to whom does the property belong?

b) Was the Property occupied at the time of the incident? Yes No
 If "No", when was it last occupied?
 / /

c) Was the Property fully furnished at the time of the incident? Yes No

d) Do you hold any other insurance policies which may also cover this occurrence? Yes No
 If "Yes", please give full details:

Name and Address <input style="width: 300px; height: 60px;" type="text"/>	Policy Number <input style="width: 300px; height: 20px;" type="text"/> Claim Number (If Known) <input style="width: 300px; height: 20px;" type="text"/>
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SECTION 5: DETAILS OF THE CLAIM

Please complete all columns

Full details of items lost, damaged or destroyed	Maker's name and model number(s)	From where or whom obtained	Date purchased or received	Price paid	Estimated cost of repair or replacement (if not repairable)	Amount Claimed after deduction for wear and tear	Office use only
TOTAL							

(Please continue on a separate sheet if necessary)

N.B. if you are still awaiting estimates, don't delay sending us the form.

SECTION 6: DECLARATION

I/We declare that the above statements are true and correct to the best of my/our knowledge and belief. I/We have not withheld from the insurer any information within my/our knowledge connected with this claim. I/We understand that you may seek information from other insurers to check the answers I/We have provided, and I/We authorise the giving of such information for such purposes.
 I/We agree to provide the insurers with any further information or documentation as may be reasonably required. I/We understand that the insurer does not admit any liability by the issue of this form.

Date <input style="width: 150px; height: 20px;" type="text"/>	Signature(s) of Policyholder(s) <input style="width: 300px; height: 50px;" type="text"/>
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Please return the completed form, with the documentary evidence of the amount claimed to your insurance advisor.

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