

# CLAIMS ADVICE FORM

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| <b>Claims Ref No: (Office Use Only)</b> | <b>Certificate No: SPEC</b> |
|---|-----------------------------|

Name: \_\_\_\_\_

Correspondence Address: \_\_\_\_\_

Post code: \_\_\_\_\_

|                 |                                      |
|-----------------|--------------------------------------|
| Daytime Tel No. | Home or Mobile Tel. No:<br>email no. |
|-----------------|--------------------------------------|

Risks Address (if different from above): \_\_\_\_\_

**INCIDENT DATE:** \_\_\_\_\_

1. State nature of claim I.e. Whether fire, burglary, theft, storm, burst pipes etc.

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| 2. How, when and where did the loss occur and when was the same discovered?<br><br>a) When did loss occur ?<br>b) Where did loss occur ?<br>c) Has the caused been fixed<br>d) Was the property occupied at the time of the lost/damage?<br>e) Description of occurrence | a)<br>b)<br>c) YES/NO<br>d)<br>e) |
|--|-----------------------------------|

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| 3. If loss occasioned by Burglary and / or Housebreaking or All Risks state<br><br>a) How entry to premises obtained ?<br>b) Have the Police been advised and other enquiries made ?<br>c) I) Name of Police Station<br>II) Date Reported<br>iii) Crime Book Reference No. | a)<br>b)<br>c) I<br>ii<br>iii |
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4. Has any other person an interest in the property claimed for ?

5. Is there any other insurance covering the property concerned ?

6. Have you previously made a claim under a Household Policy in the last three years ? If so give details.

7. Please state any other information which might be of assistance to us in the negotiation of this claim.

8. Confirmation that the cause of the damage has been rectified?

9. Are you registered for VAT ? (if yes please state Vat Reg No.)

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| 10 Please list the name, sort code and account number of the bank account to which you wish any payments (if any) to be transferred. | Name<br><br>Sort Code<br><br>Account No. |
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I hereby declare that all the details given by me in this Form are to the best of my knowledge true and complete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this Form to your Specialist Insurance Agency Ltd together with supporting documents.**

