

PROPERTY CLAIM FORM
CLIENT NAME AND ADDRESS:
Policy Number:
Contact Person:
Contacts Position:
Name of Policyholder:
Address Line 1:
Line 2:
Town:
County:
Postcode:
Telephone:
e-mail:
CIRCUMSTANCES OF THEFT, LOSS OR DAMAGE (Continue overleaf if necessary):
State fully how the loss or damage occurred:
Date of Loss:
Time of Loss:
Place of Loss:
Who discovered the loss and when was it?:
Are you registered for VAT? YES / NO
Police Crime Reference:
Please describe the property being claimed along with original and replacement costs:
Signature of Owner/Director:
Date:



Authorised and regulated by the Financial Services Authority.

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