

Please check the content of this form, sign and return to our office as per the details below.

Policy No. :

Risk Address:

Post Code:

Is the property occupied?

If no, please confirm last date of occupancy:

Claim Contact:

Tel No.:

E-Mail Address:

1. CIRCUMSTANCES

Date of Incident:

Time:

Date discovered:

By Whom:

Location:

How did it happen?

Please give a brief description of the damage:

2. LOSS/THEFT/MALICIOUS DAMAGE CLAIMS ONLY

Full Address of Police Station:

Date Reported:

Crime Ref No.:

3. DETAILS OF CLAIM – PLEASE READ

A) If water damage, invoice required to substantiate cause of leak, (if not available, please ensure full details of cause of leak are provided with details of repairs carried out).

B) Two estimates should be obtained in relation to proposed reinstatement works

4. DECLARATION

If you make a claim which is in any way fraudulent, unfounded or exaggerated, or make a false declaration, all benefit under this policy will be forfeited

I/We declare that all answers are true and complete. I/We hereby claim for the loss or damage as set out above.

I/We understand that you may seek information from other insurers to check the answers I/We have provided.

Completed by:

Date

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