

Claim Form

At Intasure we appreciate how stressful a claim can be and we aim to make the process as quick and painless as possible. Please remember to attach any documents, accounts or original purchase receipts in order that we can deal with your claim as promptly as possible. If you require any assistance in completing this form then please do not hesitate to contact the **Claims Team** on **0845 111 0672** between 8.30am and 6.00pm Monday to Friday and 9am to 2pm Saturday. Outside of these times call the claims emergency number **+44 (0)7891 203 315**.

SECTION 1 - Details of Policyholder and Policy

Name	Address of Property Insured (if different)	
Address		
	Postcode	
Email Address		Postcode
Home Tel	Policy No.	
Mobile Tel	Are you registered for VAT? <input type="checkbox"/> NO <input type="checkbox"/> YES	

SECTION 2 - Details of when, where and how Loss/Damage occurred

Date of Loss/Damage <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	State fully the description and cause of the Loss/Damage and how it occurred: (Theft or Water Damage is not sufficient - full circumstances are necessary) (if theft from a building, please give details of how entry was gained)
Where did Loss/Damage occur?	
Who discovered it and when?	
Were the premises unoccupied at the time of the loss? <input type="checkbox"/> NO <input type="checkbox"/> YES	
When were they last occupied prior to this incident?	

IF THE PROPERTY WAS LOST, STOLEN, MALICIOUSLY DAMAGED OR VANDALISED, PLEASE ANSWER THE FOLLOWING QUESTIONS

Were the Police notified? <input type="checkbox"/> NO <input type="checkbox"/> YES	If caused by someone who is not a member of your household e.g. Tradesman / Third Party please provide name and address.
If YES, when and at what Police station?	
Police Reference	
Please describe the measures taken to secure/protect the property which has been lost/stolen prior to the incident	
	Name
	Address
	Postcode

SECTION 3 - Other insurance - Complete for all claims

If the property for which you are claiming is also insured under any other policy(ies), e.g. travel, holiday home, main residence policy, please give details.

Policy Number

Name of company

Address of company

SECTION 4 - Previous claims

Please provide details of claims made within the last 5 years

SECTION 5 - Previous Insurer Details - this box must be completed

Previous Insurer Details

Policy Ref.

Address

SECTION 6 - Building damage - Details of claim

Estimated full cost of repair	£/€
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Actual cost (if all work done)	£/€
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How much are you claiming?	£/€
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If you are not the owner of the building, state name and address of owner.

Name

Address

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	Postcode
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If you have obtained estimates or accounts, please attach and send with the completed form.

N.B. If you are still awaiting estimates don't delay in sending us the form. If estimate(s) are being obtained and will be sent at a later date please tick the box.

Are you a tenant?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	If YES, does this make you responsible for the damage claimed?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
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SECTION 7 - Contents and/or valuables claim - Details of claim (please send us any estimates/accounts)

Please complete ALL columns - we deal with your claim in accordance with the cover given by your policy.

1. Description of item (make/model)	2. Owner of item	3. Age of item	4. Price paid	5. Estimated cost of repair	6. Replacement cost (If not repairable)

