

Theft and 'All Risks' Claim Form

Please complete Policyholder, Event and Property Sections. Only complete the relevant section(s) of Details of Claim

Policyholder

Policy No.

Policyholder's Address

Policyholder's Name or Title

Contact Email

Telephone Number

Daytime	Mobile
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Occupation

Are you registered for V.A.T?

Yes

No

If **Yes** please give details

Risk Address: (If different from correspondence address)

Property Stolen/Lost or Damaged

Are you the sole owner? Yes No

If **No**, state name & address of owner

Is there any other Insurance policy in force which will cover this loss? Yes No

If **Yes** please provide details

Circumstances

Date property was last seen

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Time am/pm

Where was property last seen?

If loss or damage occurred in transit, state means of transport

Date loss or damage was discovered?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Time am/pm

Policyholder

**It is a requirement of the Insurers
that all Losses or Thefts are
reported to the Police. Please state:**

Crime Ref. No. _____

Police Station
loss reported to: _____

Date reported

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Circumstances of Loss/Theft or Damage

IMPORTANT – Please attach estimates for all repairs/replacements

Specify separately each room or building damaged or destroyed	Age of building or damaged fixture/ fittings	Date when last decorated	Amount of estimate (Please attach repair or replacement estimate)	Deduction for previous depreciation, alteration or improvements	Net amount claimed

Declaration

I/We declare that the above is a full and accurate statement, and I/we therefore claim the sum of £_____ As the amount due to me/us in respect of the loss of or damage to the property detailed. The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.

Signature of Policyholder

Date

Please return this form to:
 Mathews Comfort, Clarendon House, 52 Cornmarket Street, Oxford OX1 3HJ