

Property Claim Form



LETSURE

Details of Policy (Please use BLOCK CAPITALS)

Certificate Number If this insurance was arranged through a letting agent, please give name and address.

Agent Name

Agent Address

Daytime Telephone Number **Postcode**

Details of Policyholder

Title Mr/Mrs/Miss/Ms **First Name** **Other Initials**

Surname

Postal Address

Evening Telephone Number **Daytime Telephone Number**

Mobile Number **Email Address**

Postcode

Date of birth

Occupation

Are you VAT registered? Yes No

If Yes, please advise VAT number and status

Have you or anyone normally living with you been convicted of, charged with but not yet tried, or received an official caution for any criminal offence other than a driving offence. (If Yes, please provide details on a separate piece of paper.) Yes No

Details of Insured Property

How many bedrooms does the property have?

Property Address

Postcode

Information about Loss/Damage (Please list details of property lost or damaged overleaf)

When did the loss/damage occur? Date Time

Please describe how the loss or damage occurred and also tick one of the boxes below

Fire Storm Burglary/Theft Burst Pipes/Escapes of Water Glass, Mirrors, Sanitary Ware Accidental Damage Other

Please enclose two estimates with the claim form if possible.

Was the property unoccupied at the time of the loss? Yes No If No, when was it last occupied?

Further Details (Only complete if the claim is for Theft, Damage by malicious persons, Accidental Loss, Riot or Vandalism.)

When and by whom was the loss discovered?

When was the loss reported and by whom?

To which Police Station? Police Crime Ref.

By what means was access gained to the premises?

Which doors and windows were forced?

At point of access what protective devices were fitted?

Which of these devices were in operation at the time of the loss?

Do you suspect any person or persons? Yes No If Yes, whom?

What enquiries have been made and what steps have been taken to recover the property lost?



LETSURE

Details of Claim (Please use BLOCK CAPITALS)

Please enclose two detailed estimates from different contractors or invoices with the claim form if possible.

In case of theft please enclose original purchase receipts/proof of ownership.

Please ensure that all damaged property is kept until permission to dispose of it is received from Letsure.

If you are claiming for damage to a building, are you the owner?

Yes [] No []

Are you responsible under the terms of the tenancy agreement?

Yes [] No []

Table with 7 columns: Description of property lost, destroyed or damaged; If you are not the sole owner, please give details of your/other parties % owned; When purchased; Cost price; Estimated cost of repair or replacement; Net amount claimed; Total £.

Previous Losses

Have you ever sustained loss or damage by any of the risks insured by this policy?

Yes [] No []

If Yes, please give details

Other Insurances

If the property claimed for is covered by any other policy, please provide the insurers name and address

Name, Address, Postcode

Policy Number

Additional Information

If this policy is held in joint names, do you hold a bank account?

Yes [] No []

If settlement is made by cheque, to whom should it be made payable?

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.

Notice: Insurers pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS Ltd). The aim is to help us to check information provided and also to prevent fraudulent claims.

In assessing claims made, insurers may also undertake checks against publicly available information as necessary such as electoral roll, county court judgements, bankruptcy orders or repossessions.

Some of the information which you give to us about this claim may be passed to other insurance companies you tell us about. They will give us information about your policy with them, and we may ask them to pay a contribution to this claim.

I/we understand that you may ask us for information from other insurers to check the answers I/we have provided.

Information may also be supplied to registers of lost or stolen property.

Signature(s), Date

Each jointly insured tenant should sign this form in the event of a tenants claim. (Any cheque payment will be made to the principal tenant.)

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