

CLAIM FORM

Please complete this form in as much detail as possible and send to us. You can also print it out and complete and return to TH March at the address shown at the end of the form. If you complete the form by hand and have insufficient space in the boxes provided please use a separate sheet of paper and attach to the claim form.

Please note failure to give **full** details could lead to the settlement of the claim being delayed.

Policy Number

PERSONAL DETAILS

Full name (Mr/Mrs/Miss/Other)	
Address	
Post Code	
Occupation:	Home Telephone:
Daytime telephone:	E-mail:
Are you happy for us to contact you by e-mail regarding your claim? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DETAILS OF LOSS/DAMAGE - Please give all details requested to avoid delay

Date	Time	When was this discovered and by whom?
Where did loss/damage occur? Circumstances and cause of loss/damage		
Are you the sole owner of the property claimed for? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If NO please state name(s) of other interested parties and the nature of their interest.		

If a loss or theft, when was it reported to the police and by whom?
(Please note ALL claims involving loss or theft, without exception, **must** be reported to the local police)

Date	By Whom reported	
To which police station	Telephone Number	Incident/Crime Report Number

If lost or stolen from a premises or a vehicle where were the items left and how was access gained? Were any protective devices in operation at the time?

Please advise what enquiries or steps have been made to recover the items lost and details of steps taken to prevent a similar loss taking place.

PREVIOUS LOSSES

If you have suffered previous losses or damage arising from any risk insured under this policy please give details below

OTHER INSURANCES

Is the property being claimed for covered by any other policy? YES NO

If 'Yes', please give details below.

Insurer	Policy Number	Renewal date
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DETAILS OF CLAIM

Notes:

1. Damaged property should **never** be disposed of until permission has been given by the Underwriters.
2. In the case of **repairable** damage please submit detailed estimates **before** work is carried out.
3. Wherever possible provide receipts or other documentary evidence showing date and price of purchase of lost or damaged articles.

Description of property lost, destroyed or damaged	Purchase Date	Cost Price	Residual Value	Repair or Replacement	Net amount claimed
1.		£	£	£	£
2.		£	£	£	£
3.		£	£	£	£
4.		£	£	£	£
TOTAL					£

DECLARATION

I hereby declare that to the best of my knowledge and belief all information given on this claim form is correct.

I also give my authority for my Insurers, their agents and any other authorised body to undertake all necessary enquiries required to handle my insurance claim.

If you have any queries please call our Claims Department on 01822 855 555. Please send this form to us by emailing claims@thmarch.co.uk or, if printing and completing by hand, send this form to: TH March & Co Limited, Hare Park House, Yelverton Business Park, Yelverton, Devon, PL20 7LS. Telephone: 01822 855 555 Fax: 01822 855 566