



**CLAIM FORM**

Please complete this form in as much detail as possible and return to the address shown below. Failure to give **full** details could lead to the settlement of the claim being delayed. If you do not have sufficient space in the boxes provided please use a separate sheet of paper. Please note the issue of this form should not be taken as an admission of liability by underwriters.

Policy Number		Claim Number	
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**PERSONAL DETAILS**

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

**DETAILS OF LOSS/DAMAGE** - Please give all details requested (NOTE: Please use separate sheet(s) of paper to respond to questions where there is insufficient space of the form)

Date	Time	By whom discovered
Where did loss/damage occurred?		
Circumstances and cause of loss/damage		
Are you the sole owner of the property claimed for? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span>		
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 Police)

Date	By Whom reported
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To which police station	Telephone Number	Incident/Crime Report Number
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By what means was access gained to the premises/vehicle?
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Give details of any protective devices in operation at the time of loss.
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If the theft was from a vehicle, where in the vehicle were the items left?

Please advise what enquiries or steps have been made to recover the items lost.

Please give details of steps taken to prevent a similar loss taking place.

**PREVIOUS LOSSES**

If you have suffered previous losses or damage arising from any of the risks insured under this policy please give details below:

**OTHER INSURANCES**

If the property claimed for is covered by any other policy, please give details below.

Insurer	Policy Number
Renewal Date	Post Code

**Items for which you are claiming**

Description of property lost, destroyed or damaged	Purchase Date	Cost Price	Salvage Value	Repair or Replacement	Net amount claimed
1.		£	£	£	£
2.		£	£	£	£
3.		£	£	£	£
4.		£	£	£	£
5.		£	£	£	£
6.		£	£	£	£
<b>TOTAL</b>					<b>£</b>

Please let us know if you have any additional support needs:  
 Communication/Understanding  Financial  Health  Hearing  Negative Life Event  Sight  Other.....

**DECLARATION**

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

Signature:	Date:
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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 or would like help with this form please call the claims team on 01822 668000.

Please send your reply to: T H March & Co Limited, Hare Park House, Yelverton Business Park, Yelverton, Devon, PL20 7LS  
 Telephone: 01822 668000 Email: claims@thmarch.co.uk

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