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 **0345 111 0672** between 9am and 5pm Monday to Friday.

SECTION 1 - Details of Policyholder and Policy

Name

Address

Postcode

Email Address

Home Tel

Mobile Tel

Address of Property Insured (if different)

Postcode

Policy No.

Are you registered for VAT? ☐ **NO** ☐ **YES**

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

Date of Loss/Damage D D M M Y Y Y Y

Where did Loss/Damage occur?

Who discovered it and when?

Were the premises unoccupied at the time of the loss? ☐ **NO** ☐ **YES**

When were they last occupied prior to this incident?

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)

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

Were the Police notified? ☐ **NO** ☐ **YES**

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**

If caused by someone who is not a member of your household e.g. Tradesman / Third Party please provide name and address.

Name

Address

Postcode

SECTION 3 - Other insurance - Complete for all claims

If the property for which you are claiming is 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 £

Actual cost (if all work done) £

How much are you claiming? £

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. ☐

If you are not the owner of the building, state name and address of owner.

Name

Address

Postcode

Are you a tenant? ☐ **NO** ☐ **YES**

If YES, does this make you responsible for the damage claimed? ☐ **NO** ☐ **YES**

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)

SECTION 7 - Continued

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)

SECTION 8 - If you claim is successful, please confirm to whom any cheque(s) should be made payable

SECTION 9 - Notice

Please note that 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. When you tell us about an incident (such as fire, water damage or theft) which may or may not give rise to a claim, we will pass information relating to it to the register.

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 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. A contribution payment is normal practice where two or more policies cover the same thing. If another company contributes to your claim with us, it should not affect any no claim discounts you may have with them.

The currency applicable to the Intasure Home contract is Sterling or Euros as per your schedule. There may be occasions when we need to convert from Sterling to Euros or Euros to Sterling. In such circumstances we will convert using the Barclays Bank plc commercial Exchange Rate on the day a claims payment is made under this policy.

SECTION 10 - Declaration

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

I/we declare that the statements made are true to the best of my/our knowledge and belief and I/we claim the amount above in respect of the items mentioned.

Date D D M M Y Y Y Y Signature(s) of Policyholder(s)

THIS FORM SHOULD NOW BE RETURNED TO: Intasure, Oakhurst House, 77 Mount Ephraim, Tunbridge Wells, Kent, TN4 8BS, United Kingdom or emailed to claims@intasure.com

Intasure® is a trading name of Arthur J. Gallagher Insurance Brokers Limited, which is authorised and regulated by the Financial Conduct Authority.
Registered Office: Spectrum Building, 7th Floor, 55 Blythswood Street, Glasgow, G2 7AT. Registered in Scotland. Company Number: SC108909. www.intasure.com