## **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 5.30pm Monday to Friday.

SECTION 1 - Details of Policyholder and Policy	
Name	Address of Property Insured (if different)
Address	
Postcode	Postcode
Email Address	DelianNa
Home Tel	Policy No.
Mobile Tel	Are you registered for VAT? NO YES
SECTION 2 - Details of when, where and how Loss/Damage occur?  Date of Loss/Damage	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)
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?  IF THE PROPERTY WAS LOST, STOLEN, MALICIOUSLY DAMAGED O	OR VANDALISED, PLEASE ANSWER THE FOLLOWING QUESTIONS
Were the Police notified?	If caused by someone who is not a member of your household e.g. Tradesman / Third Party please provide name and address.
If YES, when and at what Police station?	Name
Police Reference	Address
Please describe the measures taken to secure/protect the property which has been lost/stolen <b>prior to the incident</b>	
	Postcode

<b>SECTION 3</b> - Other insurance - Comp	olete for all claims					
If the property for which you are claiming is insu policy(ies), e.g. travel, holiday home, main reside		tails.	ddress	of company		
Policy Number						
Name of company						
SECTION 4 - Previous claims						
Please provide details of claims made within the	he last 5 years					
<b>SECTION 5</b> - Previous Insurer Details	- this box must be c	ompleted	d			
Previous Insurer Details		A	ddress			
Policy Ref.		<b>-</b>    -				
Folicy Ref.						
SECTION 6 - Building damage - Detail	ils of claim					
Estimated full cost of repair £				not the owner o f owner.	of the building, state i	name and
Actual cost (if all work done) £		Na	me			
How much are you claiming? £		Ad	ldress			
If you have obtained estimates or accounts, p with the completed form.	lease attach and send					
N.B. If you are still awaiting estimates don't delay If estimate(s) are being obtained and will be sen tick the box.					Postcode	
Are you a tenant? NO YES	If YES, does this	make you	respon	sible for the dam	age claimed?	NO YES
<b>SECTION 7</b> - Contents and/or valuable						) — — — — — — — — — — — — — — — — — — —
Please complete ALL columns - we deal with y					•	6. Replacement cost
1. Description of item (make/model)	2. Owner of item	3. Age of it	em	4. Price paid	5. Estimated cost of repair	(If not repairable)

## **SECTION 7** - Continued

1. Description of item (make/model)	2. Owner of item	3. Age of item	4. Price paid	5. Estimated cost of repair	<b>6.</b> Replacement cos (If not repairable)	
TION 8 - If you claim is successi	iul places confirm to a	ub om anv sh	vario(s) should	d ha mada navabla		
TION 6 - II you claim is successi	ui, piease commit to v	WHOTH arry CH	eque(s) snouic	d be made payable		
TION O Notice						
TION 9 - Notice  note that insurers pass information to the 0	Taims and Underwriting	Some of t	o information wh	ich you give us about this cla	nim may be passed	
note that insurers pass information to the c age register, run by Insurance Database Serv		other insu	rance companies y	ou tell us about. They will gi	ive us information a	
e aim is to help us to check information provided and also to prevent udulent claims. When you tell us about an incident (such as fire, water damage theft) which may or may not give rise to a claim, we will pass information		A contribu	your policy with them, and we may ask them to pay a contribution to this cla A contribution payment is normal practice where two or more policies cover same thing. If another company contributes to your claim with us, it should n affect any no claim discounts you may have with them.			
ting to it to the register.			The currency applicable to the Intasure Home contract is Sterling or Euros as per			

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.

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 DD MM YYYY Sign	nature(s) of Policyholder(s)	
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THIS FORM SHOULD NOW BE RETURNED TO: Intasure, Oakhurst House, 77 Mount Ephraim, Tunbridge Wells, Kent, TN4 8BS United Kingdom Call the Claims Team on 0345 111 0672 or email it to claims@intasure.com