## **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 of Property Insured (if different)
Address	
Doctoodo	
Postcode  Email Address	Postcode
Home Tel	Policy No.
	Average was distanced for VAT2
Mobile Tel	Are you registered for VAT? NO YES
Date of Loss/Damage  Where did Loss/Damage occur?	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 C	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 Policy 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

SECTION 3 - Other insurance - Complete for all claims								
If the property for which you are claiming is insurpolicy(ies), e.g. travel, holiday home, main reside	red under any other nce policy, please give det	tails.	Address	of company				
Policy Number								
Name of company								
SECTION 4 - Previous claims								
Please provide details of claims made within the	ne last 5 years							
<b>SECTION 5</b> - Previous Insurer Details	- this box must be co	omple	ted					
Previous Insurer Details			Address	;				
Policy Ref.								
<b>SECTION 6</b> - Building damage - Detai	ils of slaim							
	is of claim		If vou are	not the owner o	of the building, sta	te nan	ne and	
Estimated full cost of repair £			address o					
Actual cost (if all work done)			Name					
How much are you claiming?			Address					
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 in sending us the form. If estimate(s) are being obtained and will be sent at a later date please tick the box.			Postcode					
Are you a tenant? NO YES	If YES, does this	make y	ou respor	nsible for the dam	age claimed?	NO	YES	
CECTION T. C. I. T.		.1.4	/ · I · · ·					
<b>SECTION 7</b> - Contents and/or valuable						nts)		
Please complete ALL columns - we deal with	your claim in accordanc	e with	the cove	given by your p	olicy.			
1. Description of item (make/model)	2. Owner of item	<b>3.</b> Age	of item	4. Price paid	5. Estimated cost of re	pair	<b>6.</b> Replacement cost (If not repairable)	
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						$\perp$		

## **SECTION 7** - Continued

1. Description of item (make/model)	2. Owner of item	3. Age of item	<b>4.</b> Price paid	5. Estimated cost of repair	<b>6.</b> Replacement cos (If not repairable)	
TION 8 - If you claim is successfu	l, please confirm to	whom any ch	egue(s) should	d be made pavable		
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TION 9 - Notice						
note that insurers pass information to the Cla nge register, run by Insurance Database Servic	other insu	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 ab				
im is to help us to check information provided and also to prevent ulent claims. When you tell us about an incident (such as fire, water damage oft) which may or may not give rise to a claim, we will pass information			your policy with them, and we may ask them to pay a contribution to this clai A contribution payment is normal practice where two or more policies cover to same thing. If another company contributes to your claim with us, it should no affect any no claim discounts you may have with them.			

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

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

bankruptcy orders or repossessions.

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	YYYY	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 email it to claims@intasure.com