## **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 **+44** (0)345 111 0672 between 9am and 5pm Monday to Friday.

SECTION 1 - Details of Policyholder and Policy						
Name	Address of Property Insured (if different)					
Address						
Destroyle						
Postcode	Postcode					
Email Address	Policy No.					
Home Tel	7.5.15, 1.6.					
Mobile Tel	Are you registered for VAT? NO YES					
SECTION 2 - Details of when, where and how Loss/Damage or 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 ( Were the Police notified? NO YES	OR VANDALISED, PLEASE ANSWER THE FOLLOWING QUESTIONS  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					

<b>SECTION 3</b> - Other insurance - Comp	lete for all claims								
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.		tails.	Address of company						
Policy Number									
Name of company									
SECTION 4 - Previous claims									
Please provide details of claims made within the last 5 years									
<b>SECTION 5</b> - Previous Insurer Details	- this box must be co	omplete	ed						
Previous Insurer Details			Address						
Policy Ref.									
<b>SECTION 6</b> - Building damage - Detai	ls of claim								
Estimated full cost of repair £					If you are not the owner of the building, state name and address of owner.				
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 you	u respor	nsible for the dam	age claimed? N	O YES			
SECTION 7 - Contents and/or valuable	es claim - Details of	claim (p	olease	send us any e	stimates/accounts)				
Please complete ALL columns - we deal with y	our claim in accordance	with the	e cover	given by your po	olicy.				
1. Description of item (make/model)	2. Owner of item	<b>3.</b> Age of	item	<b>4.</b> Price paid	5. Estimated cost of repair	<b>6.</b> 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.

riease complete ALL columns - we dear with your claim in accordance with the cover given by your poincy.										
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 cost (If not repairable)					
SECTION 8 - If you claim is successfu	l please confirm to	whom any che	eane(s) sponto	l he made navable						
Section of hybridian his successive	i, picase commit to	Wildin arry Circ	eque(3) silouic	rbe made payable						
SECTION 9 - Notice										
	ine a parel I lando municipa a	Composite	h a infarmationh:	ah way aiya ya ahaya thia a	aims many be massed to					
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 HAM Radio 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 Signature(s) of Policyholder(s)										
THIS EODM SHOLLI D NOW BE DE	THOMED TO Intacu	o ( )alchurct Ha	LICO 77 Mount	Enhraim Lunbridge	Valle Kant TNI					

**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